

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

288 ✓

487

1 PLACE OF DEATH Registration District No. 60-2916
County Mecklenburg State N.C. Register No. 487
Township _____ or Village _____ or
City Charlotte No. Charlotte Squatowin Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
2 FULL NAME Robert E. Mendenhall
(a) Residence No. # 13 Circle Ave St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male **4 Color or Race** White **5 Single, Married, Widowed, or Divorced (write the word)** Married

5a If married, widowed, or divorced
Husband of _____
(or) Wife of _____

6 Date of Birth (month, day, and year) Not Given

7 Age years about 37 Months _____ Days _____
If LESS than 1 day, hrs. _____ or min. _____

8 Occupation of deceased

(a) Trade, Profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Capt. Truck #3
(c) Name of employer City of Charlotte N.C.

9 Birthplace (city or town) York Co. S.C.
(State or country)

10 Name of Father M. W. Mendenhall

11 Birthplace of Father (city or town) S.C.
(State or country)

12 Maiden Name of Mother Janie Byers

13 Birthplace of Mother (city or town) S.C.
(State or country)

14 Informant C. E. Mendenhall
(Address) Charlotte N.C.

15 Filed 5-18-28 Daisy R. Waller
1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) May-17 1928

17 I HEREBY CERTIFY, That I attended deceased from
May 17, 1928 to May 17, 1928
that I last saw him alive on May 17, 1928
and that death occurred, on the date stated above, at 7:30 A. M.

The CAUSE OF DEATH* was as follows:
auto accident
fractured skull
fractured base of skull
crushing (duration) yrs. mos. ds. _____
Contributory (SECONDARY) fracture of chest
(duration) yrs. mos. ds. 2 mos

18 Where was disease contracted
if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Inspection
(Signed) Edwin S. Hargis, M. D.
May 19 1928 (Address) Charlotte N.C.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Elmwood Cemetery **Date of Burial** May 18 1928

20 Undertaker Douglas & Dug **Address** Charlotte N.C.

THIS SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIAN SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.