

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

Dr. Smith, 438

1 PLACE OF DEATH
 County Davidson Registration District No. 29-227 State _____ Register No. 14
 Town _____ or Village _____ or
 City Lexington, N. C. No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME J. Howard Michael
 (a) Residence, No. Lexington, N. C. 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 Ethel Hill

6 Date of birth (month, day, and year) Aug. 2, 1900
 7 Age years Months Days If LESS than 1 day, hrs. or min.
25 4 29

8 Occupation of deceased
 (a) Trade, Profession, or particular kind of work Truck Driver
 (b) General nature of industry, business, or establishment in which employed (or employer) Truck
 (c) Name of employer Inc. A. Young

9 Birthplace (city or town) Davidson County,
 (State or country) North Carolina.

10 Name of Father J. R. Michael
 11 Birthplace of Father (city or town) Davidson Co.
 (State or country) North Carolina.
 12 Maiden Name of Mother Lenora Myers
 13 Birthplace of Mother (city or town) Davidson County
 (State or country) North Carolina.

14 Informant Conrad Michael
 (Address) Lexington, N. C.

15 Filed 2/6, 1926 Margaret Q. Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 1/1/26. 19

17 I HEREBY CERTIFY, That I attended deceased from _____ 1926, to _____ 1926 that I last saw him alive on _____ 1926 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Fracture skull shown from fire truck while going to fire. Truck collided with car. (duration) yrs. mos. ds.
 Contributory accident (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Phys. signs
 (Signed) J. H. Smith M. D.
 30 1926 Address Lexington, 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 Reeds Cemetary Date of Burial 1/3/26 19

20 Undertaker Kirkman & Peninger, Inc. Address Lex. NC

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.