

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

13918

REGISTRATION DISTRICT NO. 92.95 REGISTRAR'S CERTIFICATE NO. 369

1. PLACE OF DEATH & COUNTY
a. COUNTY Wake b. TOWNSHIP _____ c. LENGTH OF STAY (in 1A) _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE N.C. b. COUNTY Wake

3. NAME OF DECEASED (Type or Print)
First Paul Middle Addison Last Mirms

4. CITY OR TOWN Raleigh In Place of Death Within City Limits? YES NO c. CITY OR TOWN Raleigh In Place of Residence In City Limits? YES NO On a Farm? YES NO

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 9-17-1923 9. AGE (In years last birthday) 41 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman 11. BIRTHPLACE (State or foreign country) Wake Co., N.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Marchile Mirms 14. MOTHER'S MAIDEN NAME Corinth Russell Watkins NAME OF HUSBAND OR WIFE Sally Mae Johnson Mirms

15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 16. SOCIAL SECURITY NO. 1122 17. INFORMANT'S NAME AND ADDRESS George towne Rd. Sally Mae Johnson Mirms, 215

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial infarction
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4-2-65
19. INTERVAL BETWEEN ONSET AND DEATH minutes

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) while fighting a fire

20c. TIME OF INJURY MONTH, DAY, YEAR HOUR OF INJURY M. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY OR TOWNSHIP COUNTY STATE _____

21. I attended the deceased from _____ to _____ and last saw him/her alive on _____
Death occurred at _____ on the date stated above and to the best of my knowledge from the causes stated.

22a. SIGNATURE William W. [Signature] (Date of title) 22b. ADDRESS 3311 N. Blvd Raleigh 22c. DATE SIGNED 4/27/65

23a. BURIAL CREMATION TOMB REMOVAL (Specify) Burial 23b. DATE 4-22-65 23c. NAME OF CEMETERY OR CREMATORY Montlawn Mem Park 23d. LOCATION (City, town, or county) (State) Raleigh N.C.

24. DATE REC'D BY LOCAL REG. APR 27 1965 25. REGISTRAR'S SIGNATURE [Signature] 26. FUNERAL HOME ADDRESS Overy Funeral Home, Raleigh N.C.

THIS COPY FOR STATE BOARD OF HEALTH

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Federal Director, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

Fun. Director's Signature: [Signature]
License No. 9974
Registrar's Signature: [Signature]
License No. _____

Form DA issued

Date: _____
Burial Permit Issued