

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 296

1. PLACE OF DEATH

County New Hanover Registration District No. 65-2464 Certificate No. 36
 Township _____ or Village _____ or
 City Wilmington No. Deerfield St. Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 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.

2. FULL NAME

Willie裴sson Monroe
 (a) Residence: No. 1730 Orange St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

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) Aug 25 1867
 7. AGE Years Months Days IF LESS than 1 day, _____ hrs. or _____ min.
64 5 3

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Contract Chief
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wilmington Tire Dep.
 10. Date deceased last worked at this occupation (month and year) Jan 25 1932 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Wilmington N.C. (State or country)

13. NAME John H. Monroe

14. BIRTHPLACE (city or town) Bladen Co. N.C. (State or country)

15. MAIDEN NAME Katherine A. Collins

16. BIRTHPLACE (city or town) Bladen Co. N.C. (State or country)

17. INFORMANT Mrs. M. H. Monroe (Address) Wilmington, N.C.

18. BURIAL, CREMATION, OR REMOVAL Place Chapel Date Jan 29 1932

19. UNDERTAKER Thos. H. H. H. Co. (Address) Wilmington, N.C.

20. FILED 1-29-32 R. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 27 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him _____ alive on _____ 19____ death is said to have occurred on the date stated above, at 120 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Tire Truck Accident Date of onset 1/25-32
pneumonia

Contributory causes of importance not related to principal causes:

Shock

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 1/25 1932

Where did injury occur? Wilmington N.C. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Tire Truck Accident

Nature of injury Shock

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) ASV Arthur Corcoran

(Address) Wilmington N.C.

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. PHYSICIANS 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.