

Birth No. 132.....

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

APR 14 1955

REGISTRATION DISTRICT NO. 20-95

REGISTRAR'S CERTIFICATE NO. 380

6855

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

The undertaker, 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.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

FORM 8  
Rev. 1/49

|                                                                                                                                                                                                                                           |                           |                                                                                                                                                                                                                                                              |  |                                                                                                                                                |  |                                                                                                                               |  |                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br>Mecklenburg                                                                                                                                                                                             |                           | b. TOWNSHIP<br>Charlotte                                                                                                                                                                                                                                     |  | c. LENGTH OF STAY (in this place)<br>Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  | 2. USUAL RESIDENCE (Where deceased lived; If institution? residence before admission)<br>a. STATE<br>N. C.                    |  | b. COUNTY<br>Mecklenburg                                  |  |
| d. CITY OR TOWN<br>Charlotte                                                                                                                                                                                                              |                           | Is Place of Residence Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                |  | c. CITY OR TOWN<br>Charlotte                                                                                                                   |  | d. STREET ADDRESS OR R. F. D. NO.<br>2020 Kenwood Avenue                                                                      |  |                                                           |  |
| 3. NAME OF DECEASED<br>a. (First)<br>James                                                                                                                                                                                                |                           |                                                                                                                                                                                                                                                              |  | b. (Middle)<br>McGee                                                                                                                           |  | c. (Last)<br>MUNDAY                                                                                                           |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>March 8, 1955 |  |
| 5. SEX<br>Male                                                                                                                                                                                                                            | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>NEVER MARRIED                                                                                                                                                                                      |  | 8. DATE OF BIRTH<br>January 11, 1905                                                                                                           |  | 9. AGE (In years last birthday)<br>50                                                                                         |  | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.<br>1 25     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)<br>Assistant Fire Chief, Charlotte Fire Dept.                                                                                                  |                           |                                                                                                                                                                                                                                                              |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>DUSTRY                                                                                                    |  | 11. BIRTHPLACE (State or foreign country)<br>Greenback, Tennessee                                                             |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.                    |  |
| 13. FATHER'S NAME<br>John W. Munday                                                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                              |  | 14. MOTHER'S MAIDEN NAME<br>Addie Ayers                                                                                                        |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>Yes World War II. |  |                                                           |  |
| 16. SOCIAL SECURITY NO.                                                                                                                                                                                                                   |                           |                                                                                                                                                                                                                                                              |  | 17. INFORMANT'S NAME AND ADDRESS<br>Mrs. Margaret Crayton Munday, Charlotte, NC                                                                |  |                                                                                                                               |  |                                                           |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br>4201 ✓ |                           | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Coronary Occlusion<br>DUE TO (c) Cardiovascular disease |  |                                                                                                                                                |  | INTERVAL BETWEEN ONSET AND DEATH<br>Sudden                                                                                    |  |                                                           |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                    |                           | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                             |  |                                                                                                                                                |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                           |  |                                                           |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                  |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                     |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                                |  |                                                                                                                               |  |                                                           |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)                                                                                                                                                                                    |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                       |  | 21f. HOW DID INJURY OCCUR?                                                                                                                     |  |                                                                                                                               |  |                                                           |  |
| 22. I hereby certify that I attended the deceased from <u>March 3-8, 1955</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.                                                                  |                           |                                                                                                                                                                                                                                                              |  |                                                                                                                                                |  |                                                                                                                               |  |                                                           |  |
| 23a. SIGNATURE<br>Wm. Summerbell M.D. Coroner                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                              |  | 23b. ADDRESS<br>Charlotte, NC                                                                                                                  |  | 23c. DATE SIGNED<br>3-8-55                                                                                                    |  |                                                           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                                                                                                                                                                                       |                           | 24b. DATE<br>3/10/55                                                                                                                                                                                                                                         |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Sharon Memorial Park                                                                                     |  | 24d. LOCATION (City, town, or county) (State)<br>Charlotte, North Carolina                                                    |  |                                                           |  |
| DATE RECD BY LOCAL HEALTH OFFICER<br>3/21/55                                                                                                                                                                                              |                           | REGISTRAR'S SIGNATURE<br>M. B. Beebe                                                                                                                                                                                                                         |  | FURNERAL DIRECTOR ADDRESS<br>DOUGLAS & SING MORTUARY, Charlotte, N. C.                                                                         |  |                                                                                                                               |  |                                                           |  |