NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Birth No. 122.....

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.

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).

THIS COPY FOR STATE BOARD OF HEALTH

FORM B
Rev. 1/49

1. PLACE OF DEATH
a. COUNTY: Mecklenburg
b. TOWNSHIP: Charlotte
c. LENGTH OF STAY (in this place):
d. CITY OR TOWN: Charlotte
Is Place of Death Within City Limits? YES [X] NO [ ]
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 800 Block East Trade Street.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: N. C.
b. COUNTY: Mecklenburg
c. CITY OR TOWN: Charlotte
Is Place of Residence Within City Limits? YES [X] NO [ ]
d. STREET ADDRESS or R. F. D. No.: 2020 Kenwood Avenue

3. NAME OF DECEASED: a. (First) James b. (Middle) McGee c. (Last) MUNDAY

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED (NEVER MARRIED) (WIDOWED) (DIVORCED): MARGARET CRAYTON

8. DATE OF BIRTH: January 11, 1905

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months: 1 Days: 25
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Assistant Fire Chief.

10b. KIND OF BUSINESS OR INDUSTRY: Charlotte Fire Dept.

11. BIRTHPLACE (State or foreign country): Greenback, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Munday

14. MOTHER'S MAIDEN NAME: Addie Avers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S NAME AND ADDRESS: Mrs. Margaret Crayton Munday, 2020 Kenwood Ave., Charlotte, NC

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per Line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cardio vascular disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [ ] NO [X]

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) m.:

*21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19.. to ..... 19.., that I last saw the deceased alive on 3-8 1955, and that death occured at 7 P. P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Wm Munnerlyn M.D. Coroner

23b. ADDRESS: Charlotte NC

23c. DATE SIGNED: 3-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/10/55

24c. NAME OF CEMETERY OR CREMATORY: Sharon Memorial Park

24d. LOCATION (City, town, or county) (State): Charlotte, North Carolina

DATE FILED BY LOCAL REGISTRAR: 3/21/55

REGISTRAR'S SIGNATURE: M B Beeler

25. FUNERAL DIRECTOR: DOUGLAS & SING MORTUARY, Charlotte, N.

ADDRESS