

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

24

## 1. PLACE OF DEATH

County Iredell Registration District No. 49-80 Certificate No. 188  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Statesville No. \_\_\_\_\_ In route to 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

William Lloyd Neely

(a) Residence: No. 334 Bayle Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident 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

6a. If married, widowed, or divorced  
 HUSBAND of Winckney Tomlin Neely  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1883

7. AGE Years Months Days  
52 11 5  
 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Fire Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 501 \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 25 yrs.

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

13. NAME Nathan L. Neely

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

15. MAIDEN NAME Margaret Knox

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

17. INFORMANT Mrs. W. L. Neely  
 (Address) Statesville

18. BURIAL, CREMATION, OR REMOVAL  
 Place Oakwood Date Nov. 17, 1936

19. UNDERTAKER Nicholson Funeral Home  
 (Address) \_\_\_\_\_ City \_\_\_\_\_

20. FILED Nov 28, 1936 \_\_\_\_\_

REGISTRAR.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 15, 193622. I HEREBY CERTIFY, That I attended deceased from November 15, 1936 to November 15, 1936

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 1:45 P.M.

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

See other side

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation None date of \_\_\_\_\_What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.(Address) Statesville, N. C.

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. 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.

MOTHER FATHER OCCUPATION