

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

172

I. PLACE OF DEATH

County Horseshoe Registration District No. \_\_\_\_\_ Certificate No. 887  
Township \_\_\_\_\_ or Village \_\_\_\_\_ of  
City Winston Salem No. City Memorial 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

Chief Harry E. Nissen  
(a) Residence: No. 1288 Main St Winston Salem N.C. (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 Eva Parker Nissen  
6. DATE OF BIRTH (month, day, and year) Nov - 22 - 1873  
7. AGE Years 59 Months 0 Days 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Chief  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) 11-28-1932 11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER FATHER OCCUPATION

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

13. NAME John S. Nissen

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

15. MAIDEN NAME Lemora E. Nissen

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

17. INFORMANT Mrs. Eva Nissen (Address) Winston Salem N.C.

18. BURIAL, CREMATION, OR REMOVAL Place Moravian Home Date 11-29-1932

19. UNDERTAKER Winston Funeral Home (Address) Winston Salem N.C.

20. FILE NO. NOV 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ called after death \_\_\_\_\_ 1932

I last saw \_\_\_\_\_ on \_\_\_\_\_ 19\_\_\_\_, death is said to have occurred on the date stated above, at 3:15 a.m.

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

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

Name of operation not any 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 Nov 28 1932

Where did injury occur? City (Specify city or town, county, and State)

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

Manner of injury Auto Break

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

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

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

(Signed) W. H. Dutton M. D.

(Address) Winston Salem N.C.

REPRODUCED FROM BUREAU OF VITAL STATISTICS

REGISTRAR  
D. T. Taylor