

COPY 1
FOR STATE
HEALTH DEPT.

NOV 6 1974

REGISTRATION
DISTRICT NO. 24-95

LOCAL NO. 1947

NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS - RALEIGH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

35532

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 3 to funeral director when copy is released, and route copy 2 to Chief Medical Examiner. If cause of death is pending, file Supplemental Report of Cause of Death (Form VS 8A) when the additional information has been obtained.

FUNERAL DIRECTOR: Take copies 1 & 3 to local or sub-registrar for signature. When signed, file copy 1 with local or sub-registrar and retain copy 3 as your burial-transit permit.

1. NAME OF DECEASED FIRST MIDDLE LAST BOBBY GENE PEGRAM		2. DATE OF DEATH (MONTH, DAY, YEAR) OCT 18 1974	
3. SEX M	4. COLOR OR RACE W	5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) North Carolina	6. DATE OF BIRTH 4.5.31
7. PLACE OF DEATH COUNTY FORSYTH		8. CITY OR TOWN NINTON DOW	9. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE COUNTY N.C. FORSYTH
10. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) NC Hospital Hosp.		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	12. CITY OR TOWN KERNERSVILLE
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NEVER MARRIED		14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) SARAH Nelson	15. STREET ADDRESS OR R.F.D. NO. INSIDE CITY LIMITS (SPECIFY YES OR NO) DOBSON ST. EXT. No
16. CITIZEN OF WHAT COUNTRY? USA	17. SOCIAL SECURITY NUMBER [REDACTED]	18. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Pilot Freight Carriers	19. KIND OF BUSINESS OR INDUSTRY
20. FATHER'S NAME Estuce Pegram		21. MOTHER'S MAIDEN NAME Lillian Hester	
22. INFORMANT'S NAME AND ADDRESS Hospital Records: NCBM 10 76 97			23. RELATION TO DECEASED Wife
24. Mrs. Sarah N. Pegram 714 Dobson St. Kernersville N.C.			
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)			
881X ✓ (a) IMMEDIATE CAUSE: HEAD INJURY: SKULL FRACTURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 HRS	
(b) DUE TO, OR AS A CONSEQUENCE OF: FALL FROM HEIGHT		2 HRS	
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		20b. AUTOPSY (SPECIFY) YES OR NO NO	20c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES
21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) ACCIDENT		21b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) FELL FROM A LADDER WHILE SPACING A TREE.	
21c. TIME OF INJURY 10 18 74 1:30P	21d. INJURY AT WORK (SPECIFY YES OR NO) YES	21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) KERNERSVILLE, FORSYTH, N.C.	21f. CITY OR R.F.D. COUNTY STATE KERNERSVILLE, FORSYTH, N.C.
MEDICAL EXAMINER CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE (S) STATED.			
22a. DEATH OCCURRED (HOUR) 3:20 P.M.	22b. THE DECEASED WAS PRONOUNCED DEAD (MONTH) (DAY) (YEAR) 10 18 74	22c. DATE SIGNED (MONTH, DAY, YEAR) OCT 18 1974	
23a. SIGNATURE MODESTO SCHARY, M. D.		23b. ADDRESS Dept of Park, Recreation & Community School of Medicine, Winston-Salem	23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) FORSYTH
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE 10-20-1974	24c. NAME OF CEMETERY OR CREMATORY Gardens	24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kernersville N. C.
25. FUNERAL HOME NAME ADDRESS Lain Funeral Home Kernersville N.C.		26. SIGNATURE OF FUNERAL DIRECTOR Richard M. Nordward	LICENSE NO. 2140
27. DATE REC'D BY LOCAL REG. 10-21-74	28. SIGNATURE OF REGISTRAR James A. Finger, M.D. (cm)	29. SIGNATURE OF EMBALMER (IF EMBALMED) Richard M. Nordward	LICENSE NO. 1400