

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 in-quest was held.

THIS COPY FOR STATE BOARD OF HEALTH

Birth No. 123

UG 6 1952 77-61

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT No. 3

REGISTRAR'S CERTIFICATE No. 38

17720

1. PLACE OF DEATH a. COUNTY <b>Richmond-Rockingham</b>		b. TOWNSHIP	c. LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>N. C.</b> b. COUNTY <b>Richmond</b>		
d. CITY OR TOWN <b>Rockingham</b>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN <b>Rockingham</b>		Is Place of Residence Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Seaboard Alley</b>				d. STREET ADDRESS OR R. F. D. NO. <b>Foushee Street</b>		
2. NAME OF DECEASED a. (First) <b>James</b>			b. (Middle) <b>Burvan</b>	c. (Last) <b>Rawls, Jr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 24, 1952</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 11, 1920</b>	9. AGE (in years last birthday) <b>32</b>	10. IF UNDER 1 YEAR: Months <b>4</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Cabinet Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Eureka Mills Works</b>		11. BIRTHPLACE (State or foreign country) <b>Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>James B. Rawls, Sr.</b>				14. MOTHER'S MAIDEN NAME <b>Annie Ruth Adams</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <i>WW II</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <b>William Rawls, Rockingham, N. C.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Electrocuted</b>				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____ DUE TO (c) _____				
19. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rockingham N.C.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fighting a grass fire, tree fell on power line.</b>		
22. I hereby certify that I attended the deceased from _____ until I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE <b>W. D. James M.D.</b>				23b. ADDRESS <b>Homelet N.C.</b>		23c. DATE SIGNED <b>7/28/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 27, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Eastside cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rockingham, N. C.</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>Mrs. W. A. Curran</b>		25. FUNERAL DIRECTOR ADDRESS <b>Watson-King Company, Rockingham, N. C.</b>		