

...EASILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

B.V.S.—Form 7

NORTH CAROLINA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1821586

1 PLACE OF DEATH *Forayth* Registration District No. *34-2237* State *NC* Register No. *531*
 County *Forayth* State *NC* Register No. *531*
 Township _____ or Village _____ or
 City *Winston Salem* No. *City Hospital* St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *L. L. Reavis*
 (a) Residence. No. *822 W. 6th* St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex *M* 4 Color or Race *W* 5 Single, Married, Widowed, or Divorced (write the word) *Married*

5a If married, widowed, or divorced Husband of (or) Wife of *Wore Shomer*

6 Date of birth (month, day, and year) *April 5, 1893*

7 Age years Months Days If LESS than 1 day, hrs. or min.
27 | *3* | *9*

8 Occupation of deceased
 (a) Trade, Profession, or particular kind of work *Fireman*
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer *City of Winston Salem*

9 Birthplace (city or town) *Wadsw. Co.*
 (State or country) *NC*

10 Name of Father *Bud Reavis*

11 Birthplace of Father (city or town) *NC*
 (State or country)

12 Maiden Name of Mother *Emeline Reavis*

13 Birthplace of Mother (city or town) *NC*
 (State or country)

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) *July 14, 1920*

17 I HEREBY CERTIFY, That I attended deceased from *July 14, 1920* to *July 14, 1920* that I last saw him alive on *July 14, 1920* and that death occurred, on the date stated above, at *9:30 a.m.*

The CAUSE OF DEATH* was as follows:
"Shock" - Resulting to auto accident - some scratches of chest + H. grass
 (duration) yrs. mos. ds.

Contributory (SECONDARY) *175*
 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *no*
 (Signed) *W. S. Hall*, M.D.
9-15-1920 (Address) *W.S. Hall*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

14 Informant *Mrs. L. L. Reavis*
 (Address) *Winston Salem NC*

15 Filed *7/17* 19 *20* *A. Carlton*
 REGISTRAR

19 Place of Burial, Cremation, or removal *Clab Ridge G.* Date of Burial *7/18/1920*

20 Undertaker *Frank Tyler* Address *W. Salem NC*