

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

APR 11 1956

CERTIFICATE OF DEATH

7975

REGISTRATION DISTRICT NO. **9295**

REGISTRAR'S CERTIFICATE NO. **224**

This is a legal record and will be permanently filed.

1. PLACE OF DEATH a. COUNTY Wake		b. TOWNSHIP		c. LENGTH OF STAY (in la)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. b. COUNTY Wake	
d. CITY OR TOWN Raleigh, N. C.		In Place of Death Within City Limit? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Raleigh, N. C.		In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rox Hospital				d. STREET ADDRESS or R. F. D. NO. 200-Pershing Rd.			
3. NAME OF DECEASED (Type or Print) First Middle Last Vernon Jones Smith			4. DATE OF DEATH Month Day Year Mar. 10-1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23-1914	9. AGE (In years last birthday) 41	10. IF UNDER 24 HRS. Months 0 Days 17 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman City of Raleigh, N. C.		10b. KIND OF BUSINESS OR INDUSTRY Wake Co. N. C.		11. BIRTHPLACE (State or foreign country) Wake Co. N. C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Troy Smith		14. MOTHER'S MAIDEN NAME Althea Jones		NAME OF HUSBAND OR WIFE Lottie B. Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS Mrs. V. J. Smith, Raleigh, N. C.			
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: Uremia						2 weeks	
IMMEDIATE CAUSE (a) Uremia							
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) left pyelonephritis						3 mos	
DUE TO (c) left renal stone						3 mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) left renal stone -> N. nephrectomy 1-17-55						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT, SUICIDE, HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) fire truck overturned on pt. 12-19-52 leading to #9					
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY 12-3452m		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 8th st.		20f. CITY OR TOWNSHIP COUNTY STATE Raleigh-Wake-NC	
21. I attended the deceased from 7-6 , 19 53 , to 3-14-56 , and last saw ^{her} him alive on 3-19-56 , 19 56 .							
Death occurred at 12 AM on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE Ann B. Daniel M.D.				22b. ADDRESS 700 W. Morgan St. Raleigh		22c. DATE SIGNED 3-16-56	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 12-1956		23c. NAME OF CEMETERY OR CREMATORY Montlawn Cemetery		23d. LOCATION (City, town, or county) (State) Raleigh, N. C.	
24. DATE REC'D BY LOCAL HEALTH OFFICER'S SIGNATURE 3-19-56				25. FUNERAL DIRECTOR Pennington-Smith, Raleigh, N. C.			

1-N
Type or write legibly.
Use black ink.
530
2

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 inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

FORM 8
Rev. 1-55