

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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

1 PLACE OF DEATH

County

Township

or Town

City

Registration District No.

(No.)

(If death occurs in a hospital, or other institution, give name instead of street number.)

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, or DIVORCED
(Write the word)

6 DATE OF BIRTH

7 AGE

If LESS than
1 day, ____ hrs.
or ____ min.

8 OCCUPATION

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

12 NAME OF MOTHER BEFORE MARRIAGE

13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

15 Filed

Registrar

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

418

Certificate No.

St.

Ward

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred on the date above stated, at

The CAUSE OF DEATH* was as follows:

Acute mastoiditis & General Sepsis - Following Fracture of Base of Skull - 2 1/2 yrs. (Duration) 2 yrs.

Contributory

Fracture Base of Skull

(Signed)

March 12, 1917 (Address) Charlotte, N. C.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS