

1 PLACE OF DEATH:

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

418

County Mecklenburg

Township Charlotte

or Town _____

Registration District No. 60-2416

Certificate No. 139

or City _____

(No. St. Peter's Wash St.: _____ Ward)

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

2 FULL NAME George W. Little

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 MALE OR FEMALE Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the year)

16 DATE OF DEATH March 10, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 30, 1888
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1917, to March 10th, 1917, that I last saw him alive on March 9th 10 P.M., 1917 and that death occurred on the date above stated, at 1:45 a.m.

7 AGE 39 yrs. 7 mos. 10 ds. or less than 1 day, _____ hrs. _____ min.

The CAUSE OF DEATH* was as follows:
Acute mastoiditis & General Sepsis - Following Fracture of Base of Skull - Two
Duration _____

8 OCCUPATION (a) Trade, profession, or particular kind of work Mechanist Erie Dept "Machinist"
(b) General nature of industry, business, or establishment in which employed (or employer)

Contributory Fracture Base of Skull
Mar 7th 1917 - March 10th 1917 Duration _____ ds.

9 BIRTHPLACE N.C.

Signed W. H. Hillborn M. D.
March 12, 1917 (Address) Charlotte, N. C.

PARENTS

10 NAME OF FATHER Reuben S. Little

11 BIRTHPLACE OF FATHER N.C.

12 NAME OF MOTHER BEFORE MARRIAGE Belle White

13 BIRTHPLACE OF MOTHER N.C.

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

(Informant) J. F. Troutman

(Address) Charlotte N.C.

19 PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL March, 1917

15 Filed 3/14, 1917 B. R. Hunter Registrar.

20 UNDERTAKER J. M. Henry ADDRESS Charlotte

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.
U. S.—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.