

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

MAR 6 1967

CERTIFICATE OF DEATH

5674

REGISTRATION DISTRICT NO. 5900

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Funeral Director, 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

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY Martin,		b. TOWNSHIP Robersonville		c. LENGTH OF STAY (in 1a) Life		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.		b. COUNTY Martin			
d. CITY OR TOWN Robersonville		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Robersonville		In Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Robersonville Township Hos.					d. STREET ADDRESS or R. F. D. NO. Grimes Street						
3. NAME OF DECEASED (Type or Print) Tom			First Henry			Middle Ward			4. DATE OF DEATH Month Day Year Feb. 22, 1967		
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 10-30-1916		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				10b. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (State or foreign country) N. C.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME George D. Ward				14. MOTHER'S MAIDEN NAME Huldah Warren				NAME OF HUSBAND OR WIFE Allie Everett Ward			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT'S NAME AND ADDRESS Tom H. Ward Jr. Goldsboro, 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:											
IMMEDIATE CAUSE (a) Acute Myocardial Infarction										15 minutes	
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) (Svere) Coronary Atherosclerosis										Unknown	
and Emotional and Physical Strain										1/2 hour	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Obesity										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input 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)								
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR ME			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY OR TOWNSHIP COUNTY STATE		
21. I attended the deceased from Feb 27, 1967 to Feb 22, 1967 and last saw him alive on Feb 22, 1967 Death occurred at 10:15 A.M. on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE Walter G. Ward, M.D.						22b. ADDRESS Robersonville NC			22c. DATE SIGNED Feb 24 1967		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 2-24-67		23c. NAME OF CEMETERY OR CREMATORY Martin Memorial Gardens, Everetts, N. C.			23d. LOCATION (City, town, or county) (State)			
24. DATE REC'D BY LOCAL REG. 2-27-67			25. REGISTRAR'S SIGNATURE [Signature]			26. FUNERAL HOME ADDRESS Biggs-Robersonville, N. C.					

Fun. Director's Signature
License #
Embalmer's Signature
License #

Form 9A Issued

Date Burial Permit Issued

Date Form 8 Rev. 1-62 10-63 100M