

PLACE OF DEATH.

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

191

County *Forsyth* 34
City *Winston*

CERTIFICATE AND RECORD OF DEATH.

191 55

No. *878 W Liberty* Street, Ward.Registered No. *55*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME *P J Whittier* 340

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE, MARRIED, WIDOWED OR DIVORCED <input checked="" type="checkbox"/> MARRIED (Write the word)
DATE OF BIRTH <i>April 14 1874</i> (Month) (Day) (Year)	AGE <i>36</i> years, <i>10</i> months, <i>11</i> days	
OCCUPATION Trade, profession, or particular kind of work <i>Foreman</i>	General nature of industry, business, or establishment in which employed (or employer) <i>Tobacco Factory</i>	
BIRTHPLACE (State or country) <i>Carroll Co</i>	BIRTHPLACE OF FATHER <i>PA Whittier</i>	
BIRTHPLACE OF FATHER (State or country)	BIRTHPLACE OF MOTHER <i>Carroll Co</i>	
BAIDEN NAME OF MOTHER <i>Maggie J Reed</i>	BIRTHPLACE OF MOTHER (State or country) <i>No record</i>	

DATE OF DEATH
Feb 24 1911
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Feb 24 1911 to *Feb 24 1911*
that I last saw *alive on Feb 24 1911*
and that death occurred, on the date stated above, at
11:30 P.M.

THE CAUSE OF DEATH was as follows:

*Fractured skull 35
caused by being crushed
under fallen wall*CONTRIBUTORY
(Secondary)
None *Yes* *No*
(Specify) *Whipped* *N. C.*
Yes *1911* *Address* *City*

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR SEVERE RESIDENTS)

At place of death *Yes* *No* *to the* *Yes* *No*

Where was disease contracted, if not at place of death?

Foreign or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *A J Whittier*
(Address) *Winston, Salem*PLACE OF BURIAL OR REMOVAL
Salem Cemetery
UNDERTAKER
F. T. Taylor, Son
DATE OF BURIAL
Feb 26 1911
ADDRESS
*City*Filed *2/25* 1911

Register.