

FEB 10 1970

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICSREGISTRATION
DISTRICT NO.

32-95

LOCAL NO.

107

CERTIFICATE OF DEATH

1147

TYPE OR PRINT IN
PERMANENT
BLACK INK

NAME OF DECEASED 1. Ernest Vincent Wilkie, Jr.		DATE OF DEATH 2. 1-20-70	
SEX male	COLOR OR RACE white	STATE OF BIRTH Georgia	DATE OF BIRTH 6. 7-31-24
PLACE OF DEATH COUNTY 8a. Durham		CITY OR TOWN 8b. Durham	USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE 9a. N.C. COUNTY 9b. Durham
NAME OF HOSPITAL OR INSTITUTION 11. Watts Hospital		INSIDE CITY LIMITS (SPECIFY YES OR NO) 11a. yes	CITY OR TOWN 11b. Durham
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Josephine Keith	STREET ADDRESS OR R.F.D. NO. 12. 3019 Holloway St.	
CITIZEN OF WHAT COUNTRY? 12. USA	SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Fireman	KIND OF BUSINESS OR INDUSTRY 14b. Fireman
FATHER'S NAME 15. Ernest Wilkie, Sr.		MOTHER'S MAIDEN NAME 16. Alice Lynette Autry	
INFORMANT'S NAME AND ADDRESS Josephine Keith Wilkie, (wife) 3019 Holloway St., Durham, N.C.			
PART I DEATH CAUSED BY		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)	
IMMEDIATE CAUSE a. Smoke inhalation, cardiac arrest, cerebral damage.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 hours	
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST		b. DUE TO, OR AS A CONSEQUENCE OF	
c. DUE TO, OR AS A CONSEQUENCE OF			
PART II OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)			
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) accident		DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20b. Smoke inhalation while performing duty as fireman.	
20c. TIME OF INJURY Jan. 19, 1970	20d. INJURY AT WORK (SPECIFY YES OR NO) yes	20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUS, ETC. SPECIFY) private home	20f. CITY OR R.F.D. COUNTY STATE Durham Durham N.C.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM TO 4/20 1970 AND LAST SAW HIM HER ALIVE ON 4/20 1970 DEATH		CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION IN MY OPINION DEATH WAS DUE TO THE CAUSE(S) STATED	
21. OCCURRED AT 10:50 A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION FROM THE CAUSES STATED		22. ABOVE THE DECEASED WAS PRONOUNCED DEAD AT	
SIGNATURE OF CERTIFIER H. Palmquist		DEGREE OR TITLE M.D.	DATE SIGNED 1/22/70
23a. [Signature]		23c. ADDRESS 227 Williams Village, Durham, N.C.	
BURIAL, CREMATION, OTHER (SPECIFY) 24a. burial	DATE 24b. 1-22-70	NAME OF CEMETERY OR CREMATORY 24c. Maplewood Cemetery	LOCATION (CITY, TOWN, OR COUNTY) STATE 24d. Durham, N.C.
FUNERAL HOME 105 Broad St., Durham, N.C., address 27705		SIGNATURE OF FUNERAL DIRECTOR 25. Edmund B. Clements	
DATE RECEIVED BY LOCAL OFFICE JAN 26 1970		SIGNATURE OF FUNERAL DIRECTOR (IF EMPLOYED) 26. [Signature]	
SIGNATURE OF REGISTRAR 27. O.L. Ceder, M.D.		SIGNATURE OF BALMAGE (IF EMPLOYED) 28. J. Kinwood Jew	
LICENSE NO. 1678		LICENSE NO. 135	

STATE BOARD
OF HEALTH
COPY

CAUSE

CERTIFIER

1/21/1970

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REV. 1-68
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