

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

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

26708 409

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Forsyth* Registration District No. *34-22379* State *N.C.* Register No. *1020*
County *Forsyth* Township *Winston* or Village _____
City *Winston Salem* No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2 FULL NAME *Robert Walter Young* No. *520* Ward _____
(a) Residence No. _____ (Usual place of abode) (if nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex *Male* 4 Color or Race *White* 5 Single, Married, Widowed, or Divorced *Widowed*
5a If married, widowed, or divorced Husband of _____ (or) Wife of _____

6 Date of birth (month, day, and year) *Oct. 15-1888*
7 Age years *30* Months *4* Days *2* If LESS than 1 day, hrs. or min.

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work *Salesman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Shoe store*
(c) Name of employer _____

9 Birthplace (city or town) *Walnut Cove* (State or country) _____
10 Name of Father *Thos. D. Young*
11 Birthplace of Father (city or town) *W. Va.* (State or country) *N.C.*
12 Maiden Name of Mother *Sarah A. Bondurant*
13 Birthplace of Mother (city or town) *W. Va.* (State or country) *N.C.*

14 Informant *Thos. D. Young* (Address) *W. Salem N.C.*

15 Filed *11-18-18* *R. H. Carlton* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) *Nov. 17 1918*
17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at *8* a.m.
The CAUSE OF DEATH* was as follows:

Gun Shot Wound
Homicide

Contributory (SECONDARY) _____ (duration) yrs. mos. ds. *182*

18 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) *W. H. Dalton* (Address) *Winston Salem*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal *Rosebud Church* Date of Burial *11/19 1918*
Address _____

20 Undertaker *F. Sogler & Sons* *W. Salem N.C.*

Anna