

B.V.S.—Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Dr. Palmer

STANDARD CERTIFICATE OF DEATH 225

1. PLACE OF DEATH

County Burke Registration District No. 12-04 Certificate No. 11
 Township Lovelady or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)

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.

2. FULL NAME Katherine G. Southerland 364

(a) Residence: No. Connelly Springs, N. C. St. _____ Ward _____
 (Usual place of abode.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh Southerland

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1849

7. AGE Years 87 Months 0 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) S. C.
 (State or country)

13. NAME J. B. Mobley

14. BIRTHPLACE (city or town) S. C.
 (State or country)

15. MAIDEN NAME Glomer

16. BIRTHPLACE (city or town) S. C.
 (State or country)

17. INFORMANT Hugh Southerland
 (Address) Connelly Springs, N. C.

18. BURIAL, CREMATION, OR REMOVAL Place Shady Grove Date Dec. 9th, 1936

19. UNDERTAKER Greer Funeral Home, Inc.
 (Address) Lenoir, N. C.

20. FILED Jan 5, 1937 Miss. D. Anderson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936 to Dec 8 1936

I last saw her alive on Dec 8 1936 death is said to have occurred on the date stated above, at 10: Pm.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis 12-7-36

Contributory causes of importance not related to principal cause:
senility & sclerosis 1934

Name of operation _____ date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Dr. Palmer M. D.
 (Address) Lenoir, N. C.

MARGIN RESERVED FOR BINDING

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. 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.