

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

340

3210

1 PLACE OF DEATH
County Wayne Registration District No. 94-2694 State _____ Register No. _____
Township _____ or Village _____ or
City Goldston No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Mrs Mahaley Moring
(a) Residence No. W. Oak St. _____ Ward _____ (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 F 4 Color or Race W 5 Single, Married, Widowed, or Divorced (write the word) Widow

6a If married, widowed, or divorced
Husband of _____
(or) Wife of _____

6 Date of Birth (month, day, and year) Don't know

7 Age years 88 Months _____ Days _____ If LESS than 1 day, hrs. _____ min. _____

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

9 Birthplace (city or town) Wayne Co
(State or country) _____

10 Name of Father Don't know

11 Birthplace of Father (city or town) _____
(State or country) _____

12 Maiden Name of Mother _____

13 Birthplace of Mother (city or town) _____
(State or country) _____

14 Informant Mrs Moring
(Address) Wayne Co

REGISTRAR Wayne Co

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Dec 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1928 to Dec 30 1928 (that I last saw him alive on Dec 29 1928 and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: Apoplexy (11)

(duration) 1 yrs. 1 mos. 7 ds.

Contributory (SECONDARY) _____ (duration) 1 yrs. 1 mos. 1 ds.

18 Where was disease contracted? Not known
If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? General Exam
(Signed) W. H. ... M. D.
12-30-1928 (Address) Wayne Co

*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 Wayne Co Date of Burial 12/31 1928

20 Undertaker Wayne Co Address Wayne Co

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.