

STANDARD CERTIFICATE OF DEATH

I. PLACE OF DEATH

County Bertie Registration District No. 08-00 Certificate No. 27
Township Colerain 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

Dorothy E. Williams

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. C. Williams

6. DATE OF BIRTH (month, day, and year) June 23, 1907

7. AGE Years 30 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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

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

12. BIRTHPLACE (city or town) Bertie Co., N. C.
(State or country)

13. NAME W. E. White

14. BIRTHPLACE (city or town) Bertie Co., N. C.
(State or country)

15. MAIDEN NAME Delcy Johnson

16. BIRTHPLACE (city or town) Bertie Co., N. C.
(State or country)

17. INFORMANT J. C. Williams
(Address) Colerain, N. C.

18. BURIAL, CREMATION, OR REMOVAL Place Beaver Hill Date Nov. 18, 1937

19. UNDERTAKER Quinn Furniture Co.
(Address) Beenton, N. C.

20. FILED Nov. 18, 1937 Villa M. White
REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1937 to Nov. 17, 1937

I last saw her alive on Nov. 14, 1937 death is said to have occurred on the date stated above, at 8:15 P. M.

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

Tuberculosis Peritonitis Date of onset 11/1/37

Contributory causes of importance not related to principal cause: _____

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? no

If so, specify _____

(Signed) C. S. Credle M. D.
(Address) Colerain, N. C.

N. B.—WRITE PLAIN INK—THIS IS A PERMANENT RECORD. Y
 WITH UNFADING INK—THIS IS A PERMANENT RECORD. Y
 tion should be supplied. AGE should be stated EXACTLY. PHYSICIANS sh
 DEATH in plain te. so that it may be properly classified. Exact statement of OCC.
 portant. See instructions on back of certificate.