

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

169 1 PLACE OF DEATH
 County Bertie Co
 Township Mitchells
 or Town _____
 or City _____
 Registration District No. 8-2039 Certificate No. 4
 (If death occurs in a hospital or other institution, give name instead of street number)

2 FULL NAME Malisa M. Taylor

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE Female
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, or DIVORCED Single
 (Write the word)

6 DATE OF BIRTH Sept 29 1878
 (Month) (Day) (Year)

7 AGE 70 yrs. 5' mos. 4' ds.
 IF LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Bertie County10 NAME OF FATHER John Taylor11 BIRTHPLACE OF FATHER Bertie Co
(State or Country)12 NAME OF MOTHER BEFORE MARRIAGE Mary Eure13 BIRTHPLACE OF MOTHER Bertie Co
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oliver Taylor
 (Address) Aulander No.

15 Filed Feb 3 1918 J. W. Herring Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 9 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 2 1878 to Feb 2 1918
 that I last saw her alive on Feb 2 1918
 and that death occurred on the date above stated, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Failure of heart +
Bowels

Contributory High Blood Pressure
 (Duration) ____ yrs. ____ mos. ____ ds.
 (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Feb 8 1918 M. D.
 (Address) Rouemenville No.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents)
 At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Bertie Co. DATE OF BURIAL Feb 4 1918

20 UNDERTAKER J. W. Herring ADDRESS Aulander No.