

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

1 PLACE OF DEATH Registration District No. 2-2881 Register No. 45  
 County Bertie State \_\_\_\_\_  
 Township Coleraine or Village \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME W. W. Lewis  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word)  
 6a If married, widowed, or divorced  
 Husband of \_\_\_\_\_  
 (or) Wife of Married  
 6 Date of birth (month, day, and year)  
 7 Age years Months Days If LESS than 1 day, hrs. or min.  
70

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

9 Birthplace (city or town) Hertford Co.  
 (State or country) N.C.

10 Name of Father Not known  
 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 Self  
 (Address) \_\_\_\_\_

15 Filed Nov 24 1924 Ella Mitchell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 Date of Death (month, day, and year) Nov. 27, 1924  
 17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1924, to Nov 27, 1924  
 that I last saw him alive on Nov 23, 1924.  
 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Old Age  
Paralysis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 Contributory (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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) L. W. Smith, M.D.  
 (Address) Coleraine N.C.

\*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 Hertford Co. Date of Burial Nov 28 1924

20 Undertaker \_\_\_\_\_ Address Hertford