

21986

NOV 13 CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Moore
 (b) Township Mt. Heale
 (If in town limits, leave blank)
 (c) City or town Southern Pine
 (If outside city or town limits, write RURAL)
 (d) Street, hospital or institution _____
 (e) Length of stay in hospital or institution _____ (Yrs., mos., or days)
 In this community 9 yrs. (Yrs., mos., or days)

Registration Dist. No. 67-60 Certificate No. 30

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State NC (b) County Moore
 (c) City or town Southern Pine
 (d) Street or R.F.D. _____
 (e) Is place of residence in corporate limits? yes
 (f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME Joseph Gaddy DeBerry3(b) If veteran,
name war3(c) Social Security
No.4. Sex M 5. Color or Race W 6(a) Single, married, widowed,
or divorced. W6(b) Name of husband or wife Helean P. Burkhal

(c) Age of husband or wife if alive _____ years.

7. Birth date of deceased Nov. 29, 1897
(month, day and year)8. AGE: 46 Years 10 Months 10 Days If less than one day
hrs. mins.9. Birthplace Mt. Heale NC
(City, town, or county) (State or foreign country)10. Usual occupation Tobacco Buyer11. Industry or business Wm. Tab. Co.12. Name William G. DeBerry13. Birthplace Mt. Heale NC14. Maiden Name Marta G. Gaddy15. Birthplace Mt. Heale16(a) Informant's Signature James G. DeBerry(b) Address Southern Pine NC17(a) Funeral (b) Date thereof 10-11-44
(Burial, cremation, or removal) (Month, day, year)(c) Cemetery Mt. Heale(d) Location Southern Pine18(a) Funeral director W. W. Wilkerson(b) Address Southern Pine NC19(a) 11/7/44 (b) W. W. Wilkerson
Filed Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 9th 1944, at 10:40 M
 21. I certify that death occurred on the date above stated; that I attended
 deceased from 9/24 1944, to 10/9 1944
 and that I last saw h. alive on 10/8 1944

Immediate cause of death Cerebral thrombosis Duration 3 wks

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, in industrial place, in a public
place? _____ (Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature W. W. Wilkerson M.D.Address Southern Pine, NC Date signed 11/6/44