

FEB 8 1960

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

2593

REGISTRATION DISTRICT NO. 77-00

REGISTRAR'S CERTIFICATE NO.

2761
This is a legal record and will be permanently filed.

630
Type or write legibly. Use black ink.

3

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY Richmond		b. TOWNSHIP Rockingham		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.				b. COUNTY Richmond																						
d. CITY OR TOWN Rockingham		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				c. CITY OR TOWN Rockingham		In Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																								
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Richmond Co. Mem. Hosp						d. STREET ADDRESS or R. F. D. No. S. Hancock St.																										
3. NAME OF DECEASED (Type or Print) First Russell Middle W. Last Ford			4. DATE OF DEATH Month 1 Day 24 Year 60			5. SEX Male			6. COLOR OR RACE White			7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH 4-25-1883			9. AGE (In years last birthday) 76			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional Baseball player			10b. KIND OF BUSINESS OR INDUSTRY Sports			11. BIRTHPLACE (State or foreign country) Canada			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Walter Ford						14. MOTHER'S MAIDEN NAME Ida Mae Cleveland						NAME OF HUSBAND OR WIFE Mary Hunter Bethel Ford																				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no						16. SOCIAL SECURITY NO.						17. INFORMANT'S NAME AND ADDRESS Mrs. Mary Nies, Chapel Hill, N.C.																				
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolie												INTERVAL BETWEEN ONSET AND DEATH Immediate																				
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Angestive Heart Failure												4 hrs.																				
DUE TO (c) Arteria Sclerotic Heart Disease												years																				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																				
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)																										
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY OR TOWNSHIP			COUNTY			STATE																	
21. I attended the deceased from 23 Jan 1960 to 24 Jan 1960 and last saw him alive on 24 Jan 1960 Death occurred at 3 P m on the date stated above; and to the best of my knowledge from the causes stated.																																
22a. SIGNATURE P.F. White (Degree or title) M.D.						22b. ADDRESS Rockingham, N.C.						22c. DATE SIGNED 25 Jan 60																				
22a. BURIAL, CREMATION, REMOVAL (Specify) Cremation				22b. DATE 1-27-60				22c. NAME OF CEMETERY OR CREMATORY Bowman Grey Crematory				22d. LOCATION (City, town, or county) (State) Winston-Salem, N.C.																				
24. DATE REC'D BY LOCAL REG. 1-25-60				25. REGISTRAR'S SIGNATURE Clara S. W.				26. FUNERAL DIRECTOR ADDRESS Carter-Sedberry, Rockingham, N.C.																								

FORM 8
Rev. 1-58