

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

41870

REGISTRATION DISTRICT NO. 46-00 REGISTRAR'S CERTIFICATE NO. \_\_\_\_\_

PLACE OF DEATH COUNTY <u>Hertford</u> CITY <u>Ahoskie</u>	b. TOWNSHIP <u>Ahoskie</u>	c. LENGTH OF RESIDENCE (in yrs) <u>Sudden</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>Hertford</u>
Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Ahoskie</u> Is Place of Residence In City Limits? <input type="checkbox"/> On a Farm? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DOA at Roanoke-Chowan Hosp.</u>			d. STREET ADDRESS OR R. F. D. NO. <u>West Street</u>

NAME OF DECEASED (Type or Print) First <u>Heber</u> Middle <u>Hampton</u> Last <u>Newsome</u>	4. DATE OF DEATH Month <u>12</u> Day <u>15</u> Year <u>65</u>					
SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-13-1909</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10. BUSINESS OCCUPATION (Give kind of work or most of working life, even if retired) <u>Business Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Hertford County</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
FATHER'S NAME <u>H. Newsome</u>		14. MOTHER'S MAIDEN NAME <u>Janie Mitchell</u>		NAME OF HUSBAND OR WIFE <u>Janet Brown Newsome</u>		
DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S NAME AND ADDRESS <u>Janet Newsome, Ahoskie, North Carolina</u>		

13. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).

PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardiac Arrhythmia</u>	
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Crushed Chest</u>	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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) <u>Deceased, ran into back of parked vehicle</u>		
21. TIME MONTH, DAY, YEAR HOUR OF INJURY M. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>under construction road</u>	20f. CITY OR TOWNSHIP COUNTY STATE <u>Hertford, North Caro</u>

22. I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and last saw her alive on \_\_\_\_\_, 19\_\_\_\_.

Death occurred at 5:45p on the date stated above; and to the best of my knowledge from the causes stated.

23a. SIGNATURE <u>Asst Coroner</u>	(Degree or title)	22b. ADDRESS <u>Ahoskie, N. C.</u>	22c. DATE SIGNED <u>28Jan66</u>
23b. DATE <u>12-17-65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ahoskie Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ahoskie, North Carolina</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>1-31-66</u>	25. REGISTRAR'S SIGNATURE <u>Garrett</u>	26. FUNERAL HOME ADDRESS <u>Garrett Funeral Home, Ahoskie, N. C.</u>	