

1880 - 1962

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

463

REGISTRATION  
DISTRICT NO. 4REGISTRAR'S  
CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY Guilford		b. TOWNSHIP		c. LENGTH OF STAY (in la) 30 Yrs.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. b. COUNTY Guilford					
d. CITY OR TOWN Jamestown		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN Jamestown		Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>					
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 1						d. STREET ADDRESS OR R. F. D. NO. Route 1					
3. NAME OF DECEASED (Type or Print) First Middle Last Lemuel Floyd Young			4. DATE OF DEATH Month Day Year 1 14 62			5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Aug. 29, 1907		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk			10b. KIND OF BUSINESS OR INDUSTRY Oakdale Mills.			11. BIRTHPLACE (State or foreign country) Jamestown, N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John H. Young			14. MOTHER'S MAIDEN NAME Bertie Phillips			NAME OF HUSBAND OR WIFE Mabel Osborne					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 159-12-9665		17. INFORMANT'S NAME AND ADDRESS Mrs. Mable O. Young, Route 1, Jamestown, N.C.						
18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).										INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) Acute Coronary Occlusion										20 min	
ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) Coronary Artery Sclerosis										5 year	
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 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 July 5, 1962 to Jan 14, 1962 and last saw her alive on Dec 19, 1961. Death occurred at 11:10 a.m. on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE Hampton Charles M.D.					22b. ADDRESS 527 N. Main High Point			22c. DATE SIGNED 1-15-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-16-62		23c. NAME OF CEMETERY OR CREMATORY Guilford Memorial Park			23d. LOCATION (City, town, or county) Guilford County, N.C.			(State)	
24. DATE REC'D BY LOCAL REG. 1-15-62		25. REGISTRAR'S SIGNATURE E. H. Ellinwood, M.D.			26. FUNERAL DIRECTOR J. W. Sechrest & Son, Inc.			ADDRESS High Point N.C.			

MEDICAL CERTIFICATION