

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

1 PLACE OF DEATH Registration District No. \_\_\_\_\_  
 County Guilford State North Carolina Registrar No. 134  
 Township Gilmer or Village \_\_\_\_\_  
 City Greensboro No. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME George Walter Smith  
 (a) Residence No. 1704 Bell St., Edgeville 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. ds. How long in U. S. if foreign born? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3 Sex Male 4 Color or Race white 5 Single, Married, Widowed, or Divorced (write the word) married

6a If married, widowed, or divorced Husband of \_\_\_\_\_ (or) Wife of Lucy Down

6 Date of Birth (month, day, and year) Aug. 27, 1874

7 Age years 53 Months 6 Days 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9 Birthplace (city or town) \_\_\_\_\_ (State or country) North Carolina

10 Name of Father William Smith

11 Birthplace of Father (city or town) \_\_\_\_\_ (State or country) No record

12 Maiden Name of Mother No record

13 Birthplace of Mother (city or town) \_\_\_\_\_ (State or country) No record

14 Informant J. T. Smith (Address) Greensboro, N. C.

15 Regd. 8-2-28 S. C. Hudson, M. D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 Date of Death (month, day, and year) June 6-28 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 29 1928 to Mar. 6, 1928 that I last saw him alive on 3-6-28 and that death occurred, on the date stated above, at 11: A M.  
 The CAUSE OF DEATH\* was as follows:  
High blood pressure  
acute general depression of all organs  
 (duration) \_\_\_\_\_ yrs. mos. ds. 15

Contributory (secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds. \_\_\_\_\_

18 Where was disease contracted If not at place of death? \_\_\_\_\_

Did an operation precede death? NO Date of \_\_\_\_\_

Was there an autopsy? NO

What test confirmed diagnosis? clinical

(Signed) P. Knight M. D.  
 (Address) Denin, 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 Date of Burial Carbinton M. E. Church 5-7-28  
Carbinton, N. C.  
 20 Undertaker Hanes Funeral Home, Inc.  
Greensboro, N. C.