

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

COPY

1. PLACE OF DEATH:

(a) County Randolph

(b) Township _____
(If in town limits, leave blank)

(c) City or town Randolman
(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 _____
(Yrs., mos., or days)

Registration Dist. No. 22-50 Certificate No. 6

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N.C. (b) County Randolph

(c) City or town Randolman

(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 Mrs. Sda Mary Welborn Gray

3(b) If veteran, name war _____ 3(c) Social Security No. _____

4. Sex F. 5. Color or Race W. 6(a) Single, married, widowed, or divorced. Married

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

7. Birth date of deceased Jan 17 1895
(month, day and year)

8. AGE: Years 46 Months _____ Days 28 If less than one day _____ hrs. _____ mins.

9. Birthplace N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Road McFurin Welborn

13. Birthplace N.C.

14. Maiden Name Hester M. Deaks

15. Birthplace N.C.

16(a) Informant's Signature Mrs. Jewel Swain

(b) Address Thomasville N.C.

17(a) Burial (b) Date thereof Feb 16-1942
(Burial, cremation, or removal) (Month, day, year)

(c) Cemetery Marlboro Friends Church

(d) Location Randolph Co.

18(a) Funeral director Farrell Funeral Home

(b) Address Cashers N.C.

19(a) 3-7-42 1942 (b) Mrs. C.F. Brown
Filed Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 15 1942 at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1941 to Feb 14 1942 and that I last saw her alive on Feb 14 1942

Immediate cause of death Chs. (nephros) nephros 7 yrs. Duration Chs.

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 R. B. Freeman M.D.
Address Randolman N.C. Date signed 2-17-42

MOTHER FATHER