

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS: Please write the causes of death clearly and legibly.

B. V. S.—Form 11

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

120

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Moore

(b) Township \_\_\_\_\_ (If in town limits, leave blank)

(c) City or town Wadesboro, NC (If outside city or town limits, write RURAL)

(d) Street, hospital or institution Buss Station

(e) Length of stay in hospital or institution \_\_\_\_\_ (Yrs., mos., or days)

In this community 5 (Yrs., mos., or days)

Registration Dist. No. 01-60 Certificate No. 30

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State NC (b) County Robeson

(c) City or town Lumberton

(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.? NO years.

3(a) FULL NAME Arthur C. Coley

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

4. Sex M 5. Color or Race W 6(a) Single, married, widowed, or divorced. \_\_\_\_\_

6(b) Name of husband or wife Lessie Coley

(c) Age of husband or wife if alive 43 years.

7. Birth date of deceased 1884 (month, day and year)

8. AGE: Years 59 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

9. Birthplace Colonus Co. (City, town or county) (State or foreign country)

10. Usual occupation textile

11. Industry or business \_\_\_\_\_

MEDICAL CERTIFICATION

20. Date of death Aug 13 1943 at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, and that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_.

Immediate cause of death Coronary Occlusion

Due to note: Patient dead when first seen

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration Immediate death

Physician \_\_\_\_\_ Underline the cause to which death should be charged statistically.

FATHER

12. Name J. M. Coley

13. Birthplace Colonus Co.

MOTHER

14. Maiden Name Stephens

15. Birthplace Colonus Co.

16(a) Informant's Signature M. J. Coley

(b) Address Lumberton, NC

17(a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15, 1943 (Month, day, year)

(c) Cemetery First Hollywood

(d) Location Lumberton

18(a) Funeral director J. Stephens & Sons

(b) Address Lumberton, NC

19(a) 8-30 1943 (b) J. J. Wallis Registrar

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 J. H. Press M.D.

Address Wadesboro, NC Date signed 8-19-43