

CERTIFICATE OF DEATH

203

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 cause of death clearly and legibly.

1. PLACE OF DEATH:		Registrars Dist. No. _____		Certificate No. <u>34</u>	
(a) County <u>Guilford</u>		2. HOME (USUAL RESIDENCE) OF DECEASED:		(a) State <u>N.C.</u> (b) County <u>Guilford</u>	
(b) Township _____ (If in town limits, leave blank)		(a) City or town <u>Greensboro</u>		(d) Street or R.F.D. <u>908 Englewood St.</u>	
(c) City or town <u>Greensboro</u> (If outside city or town limits, write RURAL)		(c) Is place of residence in corporate limits? <u>Yes</u>		(d) If foreign born, how long in U.S.A.? _____ years	
(d) Street, hospital or institution <u>Piedmont Hosp.</u>		3(a) FULL NAME <u>MR. ELLIS THOMAS TREXLER</u>		MEDICAL CERTIFICATION	
(e) Length of stay in hospital or institution <u>21 days</u> (Yrs., mos., or days)		In this community <u>12 years</u> (Yrs., mos., or days)		20. Date of death <u>Jan. 21, 1945</u> at <u>3:45 A.M.</u>	
3(b) If veteran, same war _____		3(c) Social Security No. _____		21. I certify that death occurred on the date above stated; that I attended deceased from <u>Jan. 1945</u> to <u>Jan. 21-45</u>	
4. Sex <u>Male</u>		5. Color or Race <u>White</u>		and that I last saw him alive on <u>Jan. 20-45</u> at _____	
6(a) Name of husband or wife <u>Yvonne Eddins</u>		6(b) Age of husband or wife if alive _____ years		Immediate cause of death <u>Secondary anemia</u> Duration <u>3 or 4 wks.</u>	
7. Birth date of deceased <u>April 21, 1900</u> (Month, day and year)		8. AGE: Years <u>44</u> Months <u>9</u> Days <u>0</u> (If less than one day, hrs. min.)		due to <u>hemorrhage from bowel</u>	
9. Birthplace <u>Anson Co., N.C.</u> (City, town, or county) (State or foreign country)		10. Usual occupation <u>Dispatcher</u>		due to <u>Longued Cirrhosis of liver</u>	
11. Industry or business <u>Oil Terminal</u>		12. Name <u>John Trexler</u>		Other conditions (Include pregnancy within 3 months of death) _____	
13. Birthplace <u>Anson Co., N.C.</u>		14. Maiden Name <u>Mollie Moore</u>		Major findings: Of operations _____	
15. Birthplace <u>Anson Co., N.C.</u>		16(a) Informant's Signature <u>Miss Sarah Trexler</u>		Of autopsy _____	
16(b) Address <u>Greensboro, N.C.</u>		17(a) <u>Partial</u> (b) Date thereof <u>1-22-45</u> (Month, day, year)		22. If death was due to external causes, fill in the following:	
17(c) Cemetery <u>Guilford Nec. Park</u>		17(d) Location <u>Guilford Co., N.C.</u>		(a) Accident, violence, or homicide (Specify) _____	
17(e) Funeral Director <u>Hughes Funeral Home</u>		17(f) Address <u>Greensboro, N.C.</u>		(b) Date of death <u>but no connection</u>	
17(g) 2-2-45 at <u>P.K. Harder</u> Registrar		17(h) _____		(c) Where did injury occur? <u>at autopsy</u> (City or town) (County) (State)	
17(i) _____		17(j) _____		(d) Did injury occur about home, on farm, in industrial place, in a public place? _____ (Specify type of place)	
17(k) _____		17(l) _____		While at work? _____	
17(m) _____		17(n) _____		(e) Means of injury _____	
17(o) _____		17(p) _____		23. Signature <u>C. W. Durham</u> M.D.	
17(q) _____		17(r) _____		Address <u>Greensboro, N.C.</u> Date signed <u>1-21-45</u>	