

**NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. 60-92 REGISTRAR'S CERTIFICATE NO. 910

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

A physician, but not otherwise required, is required to state cause of death with the medical certification.

There was no doctor in attendance. Medical attention to be limited by local Health Officer, (or owner, if no doctor was held).

1. PLACE OF DEATH a. COUNTY <u>Mecklenburg</u>		b. TOWNSHIP <u>Charlotte</u>		c. LENGTH OF STAY (in 1a) <u>4 yrs</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u>		b. COUNTY <u>Mecklenburg</u>						
d. CITY OR TOWN <u>Charlotte</u>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN <u>Charlotte</u>		In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2857 W. Trade St.</u>				f. STREET ADDRESS or R. F. D. NO. <u>2857 W. Trade St.</u>										
2. NAME OF DECEASED (Type or Print) First <u>John</u> Middle <u>Braxton</u> Last <u>Trexler</u>			4. DATE OF DEATH Month <u>6</u> Day <u>2</u> Year <u>59</u>			3. SEX a. SEX <u>M</u> b. COLOR OR RACE <u>W</u>			7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>					
8. DATE OF BIRTH <u>9-23-1887</u>			9. AGE (In years last birthday) <u>71</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Shop</u>					
11. BIRTHPLACE (State or foreign country) <u>Anson Co., N.C.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>John Henry Trexler</u>			14. MOTHER'S MAIDEN NAME <u>Mollie Moore</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>237-12-2750</u>			17. INFORMANT'S NAME AND ADDRESS <u>Mrs. John B. Trexler-Charlotte, N.C.</u>			18. NAME OF DEATH- ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Prostate</u> ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		
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. DESCRIPTION OF INJURY ACCURRED (Enter nature of injury in Part I or Part II of item 18)			21. I attended the deceased from <u>July 1957</u> to <u>June 1959</u> as last seen alive on <u>May 28 1959</u> Death occurred at _____ on the date stated above; and to the best of my knowledge from _____					
22. TIME MONTH, DAY, YEAR HOUR OF INJURY			23a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.)			24. CITY OR TOWNSHIP COUNTY STATE					
25. SIGNATURE <u>Carl Robinson MD</u> (Degree or title)			26. ADDRESS <u>Charlotte</u>			27. DATE SIGNED <u>6-6-59</u>			28a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			28b. DATE <u>6-4-59</u>		
29. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>			30. LOCATION (City, town, or county) <u>Charlotte</u>			31. STATE <u>N.C.</u>			32. DATE REC'D BY LOCAL REGISTRAR <u>6/10/59</u>			33. REGISTRAR'S SIGNATURE <u>M B Booth</u>		
34. FUNERAL DIRECTOR			35. ADDRESS			36. DATE SIGNED			37. SIGNATURE					

**Uncertified Copy**