

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

I. PLACE OF DEATH

County Duason Registration District No. 04-60 Certificate No. 44
 Township Hadesboro or Village _____
 City Hadesboro, N.C. No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Fuey Jane Cider Frylar
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John H. Frylar</u>		
6. DATE OF BIRTH (month, day, and year) <u>March 7, 1862</u>		
7. AGE	Years <u>76</u>	Months <u>9</u>
	Days <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House- Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>Duason Co. N.C.</u> (State or country)		
FATHER	13. NAME <u>Henry James</u>	
	14. BIRTHPLACE (city or town) <u>Duason Co. N.C.</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Jennie Long</u>	
	16. BIRTHPLACE (city or town) <u>Duason Co. N.C.</u> (State or country)	
17. INFORMANT <u>Rauford Pegram</u> (Address) <u>Hadesboro, N.C.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Burial</u> Date <u>12-12</u> 19 <u>38</u>		
19. UNDERTAKER <u>Samuel Moore</u> (Address) <u>Hadesboro, N.C.</u>		
20. FILED <u>Dec. 14, 1938</u> <u>J. Waller</u> REGISTRAR.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to Dec 11, 1938.
 I last saw her alive on Dec. 10, 1938, death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Gangrene of Leg
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 Contributory causes of importance not related to principal cause:
Atherosclerosis

Name of operation Operation Refused date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. H. Bennett M. D.
 (Address) Hadesboro,

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

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REGISTRATION DISTRICT NO. 04-60 REGISTRAR'S CERTIFICATE NO. 20

1. PLACE OF DEATH a. COUNTY <u>Anson</u>			b. TOWNSHIP <u>Wadesboro</u>		c. LENGTH OF STAY (in days) <u>1 day</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>Anson</u>						
d. CITY OR TOWN <u>Wadesboro</u>			Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			c. CITY OR TOWN <u>Wadesboro</u>		Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" 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>Anson County Hospital</u>							d. STREET ADDRESS or R. F. D. NO.						
3. NAME OF DECEASED (Type or Print) First <u>Moses</u> Middle <u>Thomas</u> Last <u>Trexler</u>						4. DATE OF DEATH Month <u>March</u> Day <u>18</u> Year <u>1960</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 30, 1881</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Anson County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13. FATHER'S NAME <u>John Trexler</u>				14. MOTHER'S MAIDEN NAME <u>Mollie Moore</u>			NAME OF HUSBAND OR WIFE <u>Warren Hines</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.		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. John T. Russell, Wadesboro, N. C.</u>							
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH			
										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)										
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY OR TOWNSHIP COUNTY STATE					
21. I attended the deceased from <u>3-15-60</u> to <u>3-18-60</u> , and last saw <u>him</u> alive on <u>3-17-60</u> . Death occurred at <u>6:30 A</u> m on the date stated above; and to the best of my knowledge from the causes stated.													
22a. SIGNATURE <u>F. Y. Sorrell</u>				(Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Wadesboro, N. C.</u>			22c. DATE SIGNED <u>3-19-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>3-20-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hannah's</u>			23d. LOCATION (City, town, or county) (State) <u>Wadesboro, N. C.</u>					
24. DATE REC'D BY LOCAL REG. <u>3-21-60</u>			25. REGISTRAR'S SIGNATURE <u>Anson County Health Dept.</u> <u>E. W. Deputy</u>				26. FUNERAL DIRECTOR ADDRESS <u>W. Bernard Moore, Wadesboro, N. C.</u>						

THIS COPY TO REGISTER OF DEEDS ON FIFTH OF MONTH MARGIN RESERVED FOR BINDING TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

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