

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

I. PLACE OF DEATH

County Rutherford Registration District No. 81-01 Certificate No. 97  
Township Chimney Rock or Village \_\_\_\_\_  
City Lake Park 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

Horace Helling Helmbold  
(a) Residence: No. Chimney Rock St. \_\_\_\_\_ Ward. 451  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L.

21. DATE OF DEATH (month, day, and year) Nov 18, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936 to Nov 18, 1939  
I last saw h. live on Nov 17, 1939 death is said to have occurred on the date stated above, at 2:00 a.m.

6. DATE OF BIRTH (month, day, and year) Aug 27  
7. AGE Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The principal cause of death and related causes of importance in order of onset were as follows: Congestive heart failure Date of onset \_\_\_\_\_

**UNCERTIFIED**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HS  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Contributory causes of importance not related to principal cause: Hypertension

12. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

FATHER 13. NAME Horace J. Helmbold  
14. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

Name of operation \_\_\_\_\_ date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME Catherine Freeman  
16. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

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.

17. INFORMANT Mrs. Margaret Helmbold (Address) Lake Park N.C.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Place Durham, N.C. Date Nov 20, 1939

19. UNDERTAKER Reiter Funeral Home (Address) Rutherfordton N.C.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Robert G. ... M. D.  
(Address) ...

20. FILED 11/20, 1939 Jessie C. McDaniel REGISTRAR.