

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

RETURNED

19672

County of Carroll Registration District No. 146 File No. _____
 Township of Malvern Primary Registration District No. 2147 Registered No. 11
 or Village of _____ St., _____ Ward _____
 or City of _____ (No. _____) St., _____ Ward _____

FULL NAME Edward J. Poole

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE Married
 MARRIED WIDOWED OR DIVORCED (If write the word)

16 DATE OF DEATH March 11, 1920
 (Month) (Day) (Year)

DATE OF BIRTH Sept 7, 1873
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1920, to March 11, 1920, that I last saw him alive on March 11, 1920, and that death occurred, on the date stated above, at 12 m.

AGE 46 yrs. 6 mos. 4 ds. If LESS than 1 day, ____ hrs. or ____ min.?

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

OCCUPATION (a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Edenton N.C.

(Duration) ____ yrs. ____ mos. ____ ds.

10 NAME OF FATHER Wm Poole

Contributory (SECONDARY) _____

11 BIRTHPLACE OF FATHER (State or country) Pa

(Signed) D. L. Erskant M. D.

12 MAIDEN NAME OF MOTHER _____

(Address) Malvern O.

13 BIRTHPLACE OF MOTHER (State or country) _____

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Informant) Mary Poole
 (Address) Malvern O.

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

Thos H. West
 Registrar

19 PLACE OF BURIAL OR REMOVAL Malvern DATE OF BURIAL Mar 14, 1920

20 UNDERTAKER Asa Des Anan ADDRESS Malvern O.