

CERTIFICATE OF DEATH

Vital Statistics - State Board of Health

1. PLACE OF DEATH a. COUNTY <u>Orangeburg</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>S. C.</u> b. COUNTY <u>Kershaw</u>	
b. CITY, TOWN, OR LOCATION <u>Orangeburg</u>		c. CITY, TOWN, OR LOCATION <u>Camden</u>	
c. LENGTH OF STAY IN 1b <u>2 yrs.</u>		d. STREET ADDRESS <u>Camden</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Sydney Smith</u>		4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 31, 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Professional</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Athlete</u>	9. AGE (In years last birthday) <u>77</u>
13a. FATHER'S NAME <u>Lafayette Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Madora Bradley</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>U. K.</u>	
14. HUSBAND OR WIFE'S NAME <u>Elizabeth Lang Smith</u>		17. INFORMANT Address <u>Mrs. E. L. Smith Orangeburg, S. C.</u>	

MEDICAL CERTIFICATION	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>Acute cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Uremia, Anemia</u>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>293X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____	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, TOWN, OR LOCATION County _____ State _____
21. I attended the deceased from <u>5-14-61</u> to <u>6-5-61</u> and last saw him alive on <u>6-5-61</u> her Death occurred at _____ m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Typed or filed)		22b. ADDRESS <u>Orangeburg, S. C.</u>	22c. DATE SIGNED
23a. BURIAL / CREMATION REMOVAL	23b. DATE <u>May 6, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Quaker Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Camden, S. C.</u>
24. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> Address _____		25. DATE RECD. BY LOCAL REG. <u>1-13-1961</u>	26. REGISTRAR'S SIGNATURE <u>Lucius P. Perry, Jr.</u>