

TRANSCRIBED

PLACE OF DEATH

North Carolina State Board of Health

1916

County *Stokes 85*

BUREAU OF VITAL STATISTICS

712

Township *Quaker Gap*

CERTIFICATE OF DEATH

Town \_\_\_\_\_ Registration District No. *3-7048*

Certificate No. *18*

City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME *Robert M. Stafford 316*

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *M* COLOR OR RACE *W.* SINGLE, MARRIED, WIDOWED, or DIVORCED *M.*

DATE OF DEATH *Aug 20 1916*

DATE OF BIRTH *June 20 1877*

I HEREBY CERTIFY, That I attended deceased from *Aug 20 1916* to *Aug 20 1916*

AGE *38 yrs 2 mos 10 ds*

that I last saw him alive on *Aug 20 1916* and that death occurred on the date above stated, at *8:30 P.M.*

OCCUPATION *Merchant & Farmer*

The CAUSE OF DEATH\* was as follows: *64 Apoplexy with complications of heart disease*

EDUCATIONAL ATTAINMENTS *Grad. N.C.*

BIRTHPLACE *Guilford Co. N.C.*

PARENTS NAME OF FATHER *R. M. Stafford* BIRTHPLACE OF FATHER *Guilford Co. N.C.* MAIDEN NAME OF MOTHER *Martina Sapp* BIRTHPLACE OF MOTHER *Forsyth Co. N.C.*

Contributory (Secondary) \_\_\_\_\_ (Duration) *2 yrs 2 mos 10 ds* (Signed) *R. H. Stafford* M. D. \_\_\_\_\_ 191 \_\_\_\_\_ (Address) *7048 Quaker Gap*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *J. B. Stafford* (Address) *Greensboro N.C.*

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

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death *2 yrs 2 mos 10 ds* In the State *2 yrs 2 mos 10 ds* Where was disease contracted, if not at place of death? Former or usual residence \_\_\_\_\_

Filed *Sept. 14 1916* *F. S. Lynch* Registrar

PLACE OF BURIAL OR REMOVAL *Oak Ridge N.C.* DATE OF BURIAL *Aug 21 1916* UNDERTAKER *F. Toigher* ADDRESS *Low City*