

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 296

OF DEATH

County Catawba Registration District No. 18-07 Certificate No. 11  
Township Newton or Village \_\_\_\_\_  
City Maiden R.F.D. 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.  
FULL NAME Charley Edward Sullivan 415  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Yadkin Valley, N. C.  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single  
6. If married, widowed, or divorced (write the name of HUSBAND or WIFE) Single  
7. DATE OF BIRTH (month, day, and year) May 23, 1903  
8. AGE Years 32 Months 0 Days 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baseball Player  
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Professional  
11. Date deceased last worked at this occupation (month and year) 8-1-35 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) N. C.

13. NAME Charles William Sullivan

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) N. C.

15. MAIDEN NAME Margaret Steele

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) N. C.

17. INFORMANT Walter Sullivan (Address) Yadkin Valley, N. C.

18. BURIAL, CREMATION, OR REMOVAL Place Yadkin Valley Date May 29th, 1935

19. UNDERTAKER Greer Funeral Home, Inc. (Address) Lenoir, N. C.

20. FILED June 4, 1935 Mrs. Lee Gabriel REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Law after killed, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 2:30 P. m.

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

Broken neck Date of onset killed instant

Contributory causes of importance not related to principal cause:

Name of operation none date of \_\_\_\_\_  
What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 5/28, 1935

Where did injury occur? Public place (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury hit by train in car  
Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_  
(Signed) A. J. K. [Signature] M. D.  
(Address) Yadkin Valley, N. C.