

CERTIFICATE OF DEATH

PLACE OF DEATH: Home  
 City or town: Raleigh, N.C.  
 Street, hospital or institution: 1000 W. Franklin St.  
 Date of death: October 12, 1990  
 Cause of death: Heart failure  
 Community: Ward 1

Registration Dist. No. 92-90 Certificate No. 416  
 2. HOME (USUAL RESIDENCE) OF DECEASED:  
 (a) State Virginia (b) County Halifax  
 (c) City or town Virginia  
 (d) Street or R.F.D. \_\_\_\_\_  
 (e) Is place of residence in corporate limits? Yes  
 (f) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

ALL NAME: Frank Talmadge Davis NON-RESIDENT USA  
 Sex: M 5. Color or Race: W 6(a) Single, married, widowed, or divorced: Married  
 Name of husband or wife: Kinke Drey Davis  
 Age of husband or wife if alive: 50 years.  
 Date of deceased: October 12, 1990  

Years	Months	Days	If less than one day
<u>3</u>			hrs. _____ mins. _____

 Office: Wilson Mills, N.C.  
 Occupation: Tobaccoist

MEDICAL CERTIFICATION  
 20. Date of death: Feb 11, 1993, at 11 AM  
 21. I certify that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 Immediate cause of death: Probably cerebral hemorrhage

Due to: Dr. C. Bulla local Reg  
 Due to: \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

Duration  
 Physician  
 Underline the cause to which death should be charged statistically.

Signature: Frances Cain Davis  
Deborah Court  
Frances Hall  
Johanna Grant  
 Signature: Dr. W.T. Scarborough  
 Date: 2-9-93  
 Location: Virginia  
 County: Virginia  
 Registrar: Dr. A. Reed & Co.  
Dr. Doctor, Virginia  
1997 (b) Dr. C. Bulla Registrar

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (d) Did injury occur about home, on farm, in industrial place, in a public place? \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature: Dr. C. Bulla M.D.  
 Address: Blanch Date signed: 6-20-97

I certify that this is a true photocopy of the original record filed in the Office of Vital Statistics, North Carolina State Board of Health.

Jacob Henson