

Dr. J. K. Johnson, Registrar, N.C.

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

JAN 14 1947 CERTIFICATE OF DEATH 01-7024721

PLACE OF DEATH:
 IN HOME Alamance
 IN HOME (If in town limits, leave blank)
 IN CITY OR TOWN Graham, N.C.
 (If outside city or town limits, write RURAL)
 STREET, HOSPITAL OR INSTITUTION East Harden St.
 LENGTH OF STAY IN HOSPITAL OR INSTITUTION _____
 (Yrs., mos., or days)
 IN AN ASYLUM Transient
 (Yrs., mos., or days)

Registration Dist. No. CL-60 Certificate No. 25

2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State N. C. (b) County Alamance
 (c) City or town Burlington, N.C.
 (d) Street or R.F.D. 415 W. Davis St.
 (e) Is place of residence in corporate limits? Yes
 (f) If foreign born, how long in U.S.A.? _____ years.

1. FULL NAME William J. Evans 2) _____

3(e) Social Security No. 239-24-2669

4. SEX _____ 5. Color or Race White 6(a) Single, married, widowed, or divorced. Married

7. Name of husband or wife Mrs. Anna Dare Elder

8. Age of husband or wife if alive about 48 years

9. Date of deceased February 10, 1893
 (month, day and year)

10. Yrs.	11. Mos.	12. Days	13. If less than one day
<u>53</u>	<u>10</u>	<u>11</u>	hrs. _____ min.

14. Birthplace Rockingham County, N.C.
 (City, town, or county) (State or foreign country)

15. Usual occupation Salesman

16. Industry or business Traveling Salesman

153 MEDICAL CERTIFICATION 094-2

20. Date of death December 21, 1946 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended _____
 from Dec 21 1946 to Dec 21 1946
 and that I last saw him alive on Dec 21 1946

Immediate cause of death _____
Angina Pectoris Duration 5 min

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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

17. Name Thomas S. Evans

18. Birthplace N. C.

19. Maiden Name Lucy Brintle

20. Birthplace N. C.

21. Informant's Signature Mrs. W. J. Evans

22. Address 415 W. Davis St., Burlington, N.C.

23. Burial _____ (b) Date thereof Dec. 23, 1946
 (Month, day, year)

24. Cemetery Pine Hill

25. Location Burlington, N.C.

26. Funeral director Rich & Thompson Funeral Service

27. Address Burlington, N. C.

28. Filed Jan 14 1947 (b) Mrs. R. A. Cook 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? _____
 (City or town) (County) (State)

(d) Did injury occur about home, on farm, in industrial place, in a public place? _____
 (Specify type of place)

(e) Means of injury _____

23. Signature W. J. Johnson M.D.
 Address _____ Date signed Dec 31 1946