

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

10

1 PLACE OF DEATH Registration District No. 435589
 County Headerson State _____ Register No. 9
 Township Green Pine or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME Jake Wells 420
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married
 5a If married, widowed, or divorced Husband of (or) Wife of Aspart
 6 Date of Birth (month, day, and year) Aug 9 - 1863
 7 Age 63 years Months 7 Days 14 If LESS than 1 day, _____ hrs. or _____ min.
 8 Occupation of deceased (a) Trade, Profession, or particular kind of work Theater Mgr
 (b) General nature of industry, business, or establishment in which employed (or employer) do
 (c) Name of employer _____

9 Birthplace (city or town) Murphys Lane (State or country) _____
 10 Name of Father Geo S Wells
 11 Birthplace of Father (city or town) Maine (State or country) _____
 12 Maiden Name of Mother Angela Goldschmidt
 13 Birthplace of Mother (city or town) Germany (State or country) _____

14 Informant Alto Wells (Address) 100 York, Va
 15 Filled 3/18/27 J. C. Kae REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Mar. 16 1927
 17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ that I last saw him alive on _____, 19____ and that death occurred, on the date stated above, at 5:15 P.M.
 The CAUSE OF DEATH* was as follows:
Gunshot wound in head
Suicide
 (duration) _____ yrs. _____ mos. _____ ds.
 Contributory (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
 18 Where was disease contracted if not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? No
 (Signed) Walter L. Beck M. D.
3/17, 1927 (Address) Headsville ne

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
 19 Place of Burial, Cremation, or removal Wolfe, Va. Date of Burial Mar 19 1927
 20 Undertaker Thos Shepherd Address Headsville