

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

FEB 6 1969

REGISTRATION DISTRICT NO. 01-90 LOCAL NO. _____

52

TYPE, OR PRINT IN
PERMANENT
BLACK INK

| | | | | | |
|---|---------------------------|---|---|---|--|
| 1. NAME OF DECEASED Jonathan Thompson Zachary Sr. | | | 2. DATE OF DEATH Jan. 24, 1969 | | |
| 3. SEX Male | 4. COLOR OR RACE White | 5. STATE OF BIRTH N. C. | 6. DATE OF BIRTH May 7, 1896 | 7. AGE (IN YEARS LAST BIRTHDAY) 72 | IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. |
| 8a. PLACE OF DEATH COUNTY Alamance | | 8b. CITY OR TOWN Burlington | 9a. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE N. C. COUNTY Alamance | | |
| 8c. NAME OF HOSPITAL OR INSTITUTION Alamance County Hosp. | | 8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes | 9c. CITY OR TOWN Graham | | |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Etta McBane | | 9d. STREET ADDRESS OR R.F.D. No. 602 E. Harden | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. SOCIAL SECURITY NUMBER 243-28-3733 | 14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Professional Baseball | | 14b. KIND OF BUSINESS OR INDUSTRY Baseball |
| 15. FATHER'S NAME Alfred Zachary | | | 16. MOTHER'S MAIDEN NAME Mary Guthrie | | |
| 17. INFORMANT'S NAME AND ADDRESS Mrs. Etta M. Zachary, 602 E. Harden St. Graham, N. C. | | | | | |

STATE BOARD OF HEALTH
COPY

4337

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|--|--|--|---|--|--|
| PART I. DEATH CAUSED BY: | | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| (a) IMMEDIATE CAUSE: Cerebral Thrombosis | | | | 12 days | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: Generalized Arteriosclerosis | | | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | |
| 19a. Hypertensive Cardiovascular Disease | | | | 19b. AUTOPSY? (YES OR NO) No | 19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| 20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | 20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | |
| 20c. TIME OF INJURY | | 20d. INJURY AT WORK (SPECIFY YES OR NO) | 20e. PLACE OF INJURY (OFFICE BLDG., ETC. (SPECIFY)) | 20f. CITY OR R.F.D. | COUNTY STATE |

CERTIFIER

BURIAL

| | | | | | |
|---|----------------------|--|---|--|---------------------|
| 20. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM June 19 65 Jan 27 96 AND LAST SAW HIM ALIVE ON Jan 24 1969 DEATH | | | 22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE | | |
| 21. OCCURRED 6:05 P. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED. | | | 22. CAUSE(S) STATED ABOVE, THE DECEDENT WAS PRONOUNCED DEAD AT _____ M. ON _____ 19____ | | |
| 23a. SIGNATURE OF CERTIFIER Alex F. Goley Sr. M.D. | | 23b. (DEGREE OR TITLE) DATE SIGNED 1-28-69 | 23c. ADDRESS Burlington, N.C. | | |
| 24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial | 24b. DATE 1/26/69 | 24c. NAME OF CEMETERY OR CREMATORY Alamance Memorial Park, Rt. 1, Burlington, N. C. | | 24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Burlington, N. C. | |
| 25. FUNERAL HOME McClure Funeral Service, Graham, N.C. | | | 26. SIGNATURE OF FUNERAL DIRECTOR Carl M. Crabtree | | LICENSE NO. 1111 |
| 27. DATE REC'D BY LOCAL REG. Jan 30, 1969 | | 28. SIGNATURE OF REGISTRAR W. L. Norville, M.D. | | 29. SIGNATURE OF EMBALMER (IF EMBALMED) Carl M. Crabtree | |
| | | | | LICENSE NO. 41 | |