

FORM 132
NOV 6 1957

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

REGISTRATION DISTRICT NO. 34-95 REGISTRAR'S CERTIFICATE NO. 1253 29215

1. PLACE OF DEATH a. COUNTY <u>Forsyth</u>		b. TOWNSHIP <u>Winston</u>		c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)									
d. CITY OR TOWN <u>Winston-Salem</u>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				a. STATE <u>N. C.</u>			b. COUNTY <u>Forsyth</u>						
e. CITY OR TOWN <u>Winston-Salem</u>		Is Place of Residence Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				d. STREET ADDRESS OR R. F. D. NO. <u>407 Sheffield Dr.</u>									
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>407 Sheffield Dr.</u>															
4. NAME OF DECEASED				a. (First) <u>John</u>				b. (Middle) <u>Fred</u>				c. (Last) <u>ANDERSON</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>				8. DATE OF BIRTH <u>12-11-85</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10. OCCUPATION (Give kind of work or part of working life even if retired) <u>Dentist Ret.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>				11. BIRTHPLACE (State or foreign country) <u>Calahan, N. C.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Dr. John Fred Anderson</u>															
14. MOTHER'S MAIDEN NAME <u>Elizabeth Cheshire /Wife: Clementine Tise</u>				17. INFORMANT'S NAME AND ADDRESS <u>Mrs. J.F. Anderson, Winston-Salem, N. C.</u>				15. DECEASED EVER IN U.S. ARMED FORCES (or, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			

18. CAUSE OF DEATH (Specify only one cause per (a), (b), and (c))	MEDICAL CERTIFICATION										19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide By Shooting self in the region of the heart with a 12 gauge shot gun</u>										
	ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>										
11. OTHER SIGNIFICANT CONDITIONS (c) <u>D.O.A at Baptist Hospital</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION											

21a. (CITY, TOWN, OR TOWNSHIP) <u>Winston Salem</u>		(COUNTY) <u>Forsyth</u>		(STATE) <u>N.C.</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 8 57 10³⁰ a.m.</u>		I hereby certify that I attended the deceased from <u>11:00 a.m.</u> after death, and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.			

SIGNATURE <u>W. H. King</u> (Deedee or title) <u>Coroner</u>		23b. ADDRESS <u>Winston Salem</u>		23c. DATE SIGNED <u>11-8-57</u>	
24. DATE <u>11-10-57</u>		24a. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Winston-Salem, N.C.</u>	
25. FUNERAL DIRECTOR <u>Frank Vogler & Sons, Winston-Salem, N. C.</u>		RECORDED BY LOCAL REG. <u>11-12-57</u>			