

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Rutherford Registration District No. 81-01 Certificate No. 97  
Township Chimney Rock or Village \_\_\_\_\_  
City Lake Lure No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its Name instead of street and number)

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.

2. FULL NAME

Horace Helling Helmbold  
(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_ 451  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Margaret L.

6. DATE OF BIRTH (month, day, and year) Aug 27  
7. AGE Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HS  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER  
13. NAME Horace J. Helmbold  
14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER  
15. MAIDEN NAME Catherine Freeman  
16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Mrs. Margaret Helmbold  
(Address) Lake Lure N.C.

18. BURIAL, CREMATION, OR REMOVAL  
Place Durham, N.C. Date Nov 28, 1939

19. UNDERTAKER Reiter Funeral Home  
(Address) Rutherfordton N.C.

20. FILED 11/20, 1939 Jessie C. McDaniel  
REGISTRAR.

21. DATE OF DEATH (month, day, and year) Nov 18, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936 to Nov 18, 1939  
I last saw h. L. alive on Nov 17, 1939, death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows: Congestive heart failure Date of onset \_\_\_\_\_

**UNCERTIFIED**

Contributory causes of importance not related to principal cause: Hypertension

Name of operation \_\_\_\_\_ date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Robert G. ... M. D.  
(Address) Rutherfordton