

NORTH CAROLINA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

54

1 PLACE OF DEATH: County Robeson Registration District No. 57-5668 State nc Register No. 2
 Township Beau Hill or Village _____ of
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME: Jim Joyner
 (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. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 Sex Male 4 Color or Race Negro 5 Single, Married, Widowed, or Divorced (write the word) Widowed
 5a If married, widowed or divorced Husband of (or) Wife of Wally Joyner
 6 Date of birth (month, day, and year) No Record
 7 Age 98 years Months _____ Days _____ If LESS than 1 day, hrs. of _____ min. _____
 8 Occupation of deceased (a) Trade, Profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9 Birthplace (city or town) Unknown (State or country) _____
 10 Name of Father Sol Turner
 11 Birthplace of Father (city or town) Unknown (State or country) _____
 12 Maiden Name of Mother Unknown
 13 Birthplace of Mother (city or town) _____ (State or country) _____

16 Date of Death (month, day, and year) July 25 1922
 17 I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____ that I last saw h. _____ alive on _____ 19____ and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH* was as follows:
No physician in attendance
(Old age)
 (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? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) _____ M.D.
 , 19 _____ (Address) _____

*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.)

14 Informant (Address) Loell Joyner Kenly nc
 15 Filed 1/26-22 1922 W. L. Oyser REGISTRAR

19 Place of Burial, Cremation, or removal Hickory Grove Date of Burial 1/27 1922
 20 Address W. L. Oyser & Son Kenly nc