

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

FORM 8
Rev. 1/48

State No. 128

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

22371

OCT 8 1951
REGISTRATION DISTRICT NO. 98-01

1. PLACE OF DEATH a. COUNTY <u>Wilson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>North Car</u> & COUNTY <u>Wilson</u>	
b. CITY OR TOWN <u>Rural</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) <u>10 1/2 weeks</u>		c. CITY OR TOWN <u>Rural - Cross Roads</u> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. Z. Wilson N.C.</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS <u>R. Z. Wilson N.C.</u> (If rural, give location)	
3. NAME OF DECEASED (First) <u>Julia</u> (Middle) <u>Scott</u> (Last) <u>530</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>	8. DATE OF BIRTH <u>1877</u>
9. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10. KIND OF BUSINESS OR INDUSTRY <u>Wash place</u>	11. BIRTHPLACE (State or foreign country) <u>Wilson County N.C.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>James Jayne</u>		14. MOTHER'S MAIDEN NAME <u>Mary Joyner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (If so, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Med Scott R. Z. Wilson N.C.</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
II. ANTECEDENT CAUSES <u>2. Hypertension</u>		DUE TO (a) <u>2. Hypertension</u>	
III. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u>		DUE TO (b) <u>Arteriosclerosis</u>	
17. DATE OF OPERATION <u>4-2-51</u>		18. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY <u>Coronary</u>	
19. DATE OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. ACCIDENT SURVIVE HOME? <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, Md., etc.)	22. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
23. TIME OF INJURY (Month) (Day) (Year) (Hour)	24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	25. HOW DID INJURY OCCUR	
26. I hereby certify that I attended the deceased from <u>7-10</u> , 1951, to <u>7-10</u> , 1951, that I last saw the deceased alive on <u>7-10 1951</u> , and that death occurred at <u>11:30 Am.</u> from the causes and on the date stated above.			
27. SIGNATURE <u>W. J. Smith</u> (Do not include)		28. ADDRESS <u>Black Creek, N.C.</u>	29. DATE SIGNED <u>9-22-51</u>
30. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Buried</u>	31. DATE <u>9-13-1951</u>	32. NAME OF CEMETERY OR CRYPTORY <u>Scott Cemetery</u>	33. LOCATION (City, town, or county) (State) <u>R. Z. Wilson N.C.</u>
34. DATE REC'D BY LOCAL REG. <u>Oct. 3, 1951</u>	35. REGISTRAR'S SIGNATURE <u>Mrs. Ben Hackney</u>	36. FUNERAL DIRECTOR (Name and address) <u>J. W. Lee - Fremont, N.C.</u>	