Far

B. V. S. Form 6

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

483

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Davidson Registration District No. 8-9-40 Certificate No. 41

Township [redacted]ville or Village or

City Thomasville 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 James M. Alford 416

(a) Residence: No. Thomasville N. C. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Annie Alford

6. DATE OF BIRTH (month, day, and year): Feb 11 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Disabled for two

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): N.C. (State or country)

MOTHER / FATHER

13. NAME: dont know

14. BIRTHPLACE (city or town): " (State or country)

15. MAIDEN NAME: dont know

16. BIRTHPLACE (city or town): " (State or country)

17. INFORMANT: L. C. Alford

(Address): Thomasville N.C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Asheboro Date: 6/16, 19 37

19. UNDERTAKER: W. V. Russell

(Address): Thomasville N.C.

20. FILED 7-7-, 19 37 Below Hamm REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 14, 19 37

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to June 14, 1937

that I saw h[illegible] alive on [illegible] 14, 19[illegible], death is said to have occurred on the date stated above, at 10. a/ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Uraemia -	May 40/37
Contributory causes of importance not related to principal cause:	
Hypertension	[illegible]
Chronic Kidney Trouble	

Name of operation: — date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify:

(Signed) L. C. Alford M. D.

(Address) Thomasville N.C.