OCT 7 1974

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES · VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

30300

REGISTRATION DISTRICT NO. 04-10 LOCAL NO. _____

TYPE OR PRINT IN PERMANENT BLACK INK.

VITAL RECORDS COPY

1. NAME OF DECEASED: JAMES ALVIN ALFORD
2. DATE OF DEATH: SEPT. 3, 1974
3. SEX: MALE
4. COLOR OR RACE: WHITE
5. STATE OF BIRTH: N. C.
6. DATE OF BIRTH: JAN. 12, 1912
7. AGE: 62
8a. PLACE OF DEATH — COUNTY: ALAMANCE COUNTY
8b. CITY OR TOWN: BURLINGTON
8c. NORMAL RESIDENCE — STATE: N.C.
8d. COUNTY: ALAMANCE
8e. NAME OF HOSPITAL OR INSTITUTION: MEMORIAL HOSPITAL OF ALAMANCE
8f. INSIDE CITY LIMITS: YES
8g. CITY OR TOWN: BURLINGTON
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED
11. SURVIVING SPOUSE: OLA MAE HARRIS
9a. USUAL RESIDENCE ADDRESS: 1009 MAPLE AVE.
9b. INSIDE CITY LIMITS: YES
12. CITIZEN OF WHAT COUNTRY: USA
13. SOCIAL SECURITY NUMBER: 237-09-7761
14a. USUAL OCCUPATION: RETIRED SALESMAN
14b. KIND OF BUSINESS OR INDUSTRY: SELLING
15. FATHER'S NAME: SIDNEY ALFORD
16. MOTHER'S MAIDEN NAME: MARY CARLISE
17. INFORMANT'S NAME AND ADDRESS: MRS. OLA MAE HARRIS ALFORD, 1009 MAPLE AVE., BURLINGTON, N. C. 27215

PART I. DEATH CAUSED BY:

(a) 0389 SEPTICEMIA — 2 Days

(b) AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):

19a. HYPERTENSIVE VASCULAR DISEASE

19b. AUTOPSY

19c.

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED

20b. DESCRIBE HOW INJURY OCCURRED

20c. TIME OF INJURY

20d. INJURY AT WORK

20e. PLACE OF INJURY

20f. CITY OR R.F.D.

20g. COUNTY

20h. STATE

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM F'45 TO Sept 3 '74. I LAST SAW THE DECEASED ALIVE ON Sept 3 '74. DEATH OCCURRED AT 4:30 A.M. ON THE DATE STATED ABOVE, AND TO MY KNOWLEDGE, FROM THE CAUSES STATED.

State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.

22a. SIGNATURE AND TITLE OF CERTIFIER: P. V. Green M.D.
22b. DATE SIGNED: 9/4/74
22c. ADDRESS: Burlington N.C.

23a. BURIAL, CREMATION, OTHER: BURIAL
23b. DATE: 9/5/74
23c. NAME OF CEMETERY OR CREMATORY: PINE HILL
23d. LOCATION: BURLINGTON N. C.

24. FUNERAL HOME NAME AND ADDRESS: RICH & THOMPSON FUNERAL SERVICE-BURLINGTON
25. SIGNATURE OF FUNERAL DIRECTOR OR AGENT: L. Lloyd Carter
LICENSE NO.: 1913

26. DATE RECD. BY LOCAL REG.: Sept. 9, 1974
27. SIGNATURE OF REGISTRAR: W. L. Norwalk Jr. RS
28. SIGNATURE OF EMBALMER: L. Lloyd Carter
LICENSE NO.: 1660

DHS 1872