NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

JUL 10 1957

CERTIFICATE OF DEATH

15161

REGISTRATION DISTRICT NO. 4195 REGISTRAR'S CERTIFICATE NO. 432

This is a legal record and will be permanently filed. Type or write legibly. Use black ink. All items must be complete and accurate.

44 0 416 3

1. PLACE OF DEATH a. COUNTY: Guilford | b. TOWNSHIP: | c. LENGTH OF STAY (in 1a):
d. CITY OR TOWN: Greensboro | Is Place of Death Within City Limits? YES [x] NO [ ]
e. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Wesley Long Hospital

2. USUAL RESIDENCE a. STATE: N.C. | b. COUNTY: Guilford
c. CITY OR TOWN: Greensboro | Is Place of Residence In City Limits? YES [ ] NO [x] | On a Farm? YES [ ] NO [ ]
d. STREET ADDRESS or R.F.D. NO.: 4721 Mitchell Ave. 420

3. NAME OF DECEASED (Type or Print): First: LILLIAN | Middle: REED | Last: ALFORD
4. DATE OF DEATH: June 17, 1957
5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]
8. DATE OF BIRTH: March 11, 1890 | 9. AGE (In years last birthday): 67
10a. USUAL OCCUPATION: Domestic | 10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE: Phenix City, Ala. | 12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: David Reid | 14. MOTHER'S MAIDEN NAME: Maggie Sweatt | NAME OF HUSBAND OR WIFE: Herschell B. Alford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No | 16. SOCIAL SECURITY NO.: | 17. INFORMANT'S NAME AND ADDRESS: Mrs. J. L. Hubbard, Columbus, Georgia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). | INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion | 1 day
ANTECEDENT CAUSES — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular Fibrillation | 1-2 yrs.
DUE TO (c): Coronary Artery Disease | several yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
4201 ✓
19. WAS AUTOPSY PERFORMED? YES [ ] NO [x]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY | 20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 20e. PLACE OF INJURY | 20f. CITY OR TOWNSHIP COUNTY STATE

21. I attended the deceased from 6/15 1957 to 6/17 1957 and last saw her alive on 6/17 1957
Death occurred at 9:30P m on the date stated above; and to the best of my knowledge from the causes stated.
22a. SIGNATURE: Ben F Fortune | (Degree or title) | 22b. ADDRESS: P.O. Box 1932 | 22c. DATE SIGNED: 6/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Trans. | 23b. DATE: 6-18-57 | 23c. NAME OF CEMETERY OR CREMATORY: Clewers | 23d. LOCATION: Cataula, Harris, Georgia
24. DATE REC'D BY LOCAL REG.: 7-1-57 | 25. REGISTRAR'S SIGNATURE: E. H. Ellinwood MD | 26. FUNERAL DIRECTOR ADDRESS: Hanes-Lineberry Fun. Ser., Greensboro, N.C.

THIS COPY FOR STATE BOARD OF HEALTH

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

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 5
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