

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

1 PLACE OF DEATH *Johnston Co., N.C.* Registration District No. *5166* 134  
County *Johnston* No. *51* Register No. *20*  
Township *Winters* or Village \_\_\_\_\_ or  
City \_\_\_\_\_ (If death occurred in a hospital or institution give its name instead of street and number)  
2 FULL NAME *Lucy Merritt Alford*  
(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. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 Sex <i>Female</i>	4 Color or Race <i>White</i>	5 Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>			16 Date of Death (month, day, and year) <i>Sept 16 1929</i>	
6a If married, widowed, or divorced Husband of (or) Wife of <i>Bryant Alford</i>					17 I HEREBY CERTIFY, That I attended deceased from <i>Sept 10 1929</i> to <i>Sept 16 1929</i> that I last saw <i>her</i> alive on <i>Sept 16 1929</i> and that death occurred, on the date stated above, at <i>7:00</i> p.m. The CAUSE OF DEATH* was as follows: <i>Cardio-Respiratory Vascular Disease</i> (duration) <i>2</i> yrs. _____ mos. _____ ds.	
8 Date of Birth (month, day, and year) <i>Sept below</i>					Contributory (SECONDARY) (duration) <i>1</i> day _____ mos. _____ ds.	
7 Age <i>74</i> years	Months	Days	If LESS than 1 day _____ hrs. _____ min.		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) <i>William M. Stuckey</i> <i>9-20-29</i> (Address) <i>Wm. Stuckey M.D.</i>	
9 Occupation of deceased (a) Trade, Profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or -employer) _____ (c) Name of employer _____					*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.)	
10 Birthplace (city or town) <i>Franklin Co., N.C.</i> (State or country)					19 Place of Burial, Cremation, or removal <i>Social Union Church, Franklin Co., N.C.</i> Date of Burial <i>Sept 29</i>	
Parents	10 Name of Father <i>Jameson Herbert</i>				20 Undertaker <i>J. A. Kempton</i>	
	11 Birthplace of Father (city or town) <i>Franklin Co., N.C.</i>				Address <i>Bellevue</i>	
	12 Maiden Name of Mother <i>Lucy Ballentine</i>					
13 Birthplace of Mother (city or town) <i>N.C.</i> (State or country)						
14 Informant <i>J. R. Alford</i> (Address) <i>Winters, N.C.</i>						
15 <i>Oct 29 1929</i> <i>Mrs. Geo. R. Stancil</i> REGISTRAR						