

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

456

## STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Duplin Registration District No. 316388  
Township Kenansville State North Carolina Registrar No. 15  
City Kenansville or Village Kenansville  
No. 15 St. Word  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Robert Grady  
(a) Residence. No. 15 St. Word  
(Usual place of abode)

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

3 Sex male 4 Color of Race white 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced Husband of Quercia Grady (or) Wife of

6 Date of birth (month, day, and year) Aug 3-1859

7 Age years Months Days If LESS than 1 day hrs. of min.  
70 0 11

8 Occupation of deceased  
(a) Trade, Profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9 Birthplace (city or town) Duplin Co. N.C.  
(State or country)

10 Name of Father Thomas N. Grady

11 Birthplace of Father (city or town) Duplin Co. N.C.  
(State or country)

12 Maiden Name of Mother Barbra Best

13 Birthplace of Mother (city or town) Duplin Co. N.C.  
(State or country)

## MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Aug 14<sup>th</sup> 1921

17 I HEREBY CERTIFY, That I attended deceased from Aug 6<sup>th</sup> 1921 to Aug 13<sup>th</sup> 1921, that I last saw him/alive on Aug 13<sup>th</sup> 1921 and that death occurred, on the date stated above, at 5:00 a.m.

The CAUSE OF DEATH\* was as follows:  
Some obscure trouble of brain of right cerebellum and no indication about the cause  
(duration) yrs. mos. ds.

Contributory (SECONDARY) None  
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Maxwell M.D.

19 (Address) Pine Hill N.C. R 3

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Date of Burial

Family burying ground Aug 15 1921

20 Undertaker Duplin Co. N.C. Address

buried by friends

14 Informant A. D. Grady  
(Address) Kenansville N.C.

15 Filed 8-24-21 D. N. Beaks  
REGISTRAR

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. PHYSICIAN 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.