

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.

N. C. Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

348

1. PLACE OF DEATH

County Wayne Registration District No. 9A-00 Certificate No. 26
Township Bryden or Village _____
City Dodley, N. C. R.F.D. 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

Alfred E. Rouse
(a) Residence: No. R.F.D. Dodley, N. C. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maie Gray Harrison

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1858

7. AGE Years 77 Months 9 Days 24 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister 36-9

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

10. Date deceased last worked at this occupation (month and year) June, 1936 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Duplin Co. (State or country) North Carolina

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country) _____

15. MAIDEN NAME Clarissa Rouse

16. BIRTHPLACE (city or town) Duplin Co. (State or country) N. C.

17. INFORMANT J. P. Gray (Address) Duplin N. C.

18. BURIAL, CREMATION, OR REMOVAL Community Date 8-7 1936

19. UNDERTAKER Dalton Funeral Home (Address) Goldston, N. C.

20. FILED 8-10-36 IN Wayne REGISTRY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Aug 6, 1936

I last saw deceased alive on Aug 1, 1936 death is said to have occurred on the date stated above, at S. F. m.

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

Cardiac decompensation Aug 1-3 Date of onset

Contributory causes of importance not related to principal causes: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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? Yes

If so, specify _____ (Signed) [Signature] M. D.

(Address) [Address]