

CODE

B. Y. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

JAN 6 1949

CERTIFICATE OF DEATH

26885 ^{Bohr}DO NOT
WRITE
IN SPACES
BELOW

1. PLACE OF DEATH:

(a) County Duplin(b) Township Amestone
(If in town limits, leave blank)(c) City or town Rural
(If outside city or town limits, write RURAL)(d) Street, hospital or institution 0(e) Length of stay in hospital or institution 8
(Tra., nos., or days)In this community 8
(Tra., nos., days)Registration Dist. No. 310DCertificate No. 381

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State NC(b) County Duplin

(c) City or town

(d) Street or R.F.D.

(e) Is place of residence in corporate limits?

(f) If foreign born, how long in U.S.A.?

years

RESIDENCE

3(a) FULL NAME Mrs. Mairie Katherine Jarman3(b) If veteran,
name war3(c) Social Security
No. 34. Sex Female5. Color or Race White6(a) Single, married, widowed,
or divorced. Married6(b) Name of husband or wife W.P. Jarman(c) Age of husband or wife if alive 70 years7. Birth date of deceased March 11 - 1871
(month, day and year)

8. AGE:

Years 77Months 9

Days

If less than one day
hrs. 21 min.9. Birthplace Duplin Co. N.C.
(City, town, or county) (State or foreign country)

STATUS

10. Usual occupation Domestic

11. Industry or business

MOTHER

12. Name William Franklin13. Birthplace Duplin Co. N.C.14. Maiden Name Susan Quinn15. Birthplace Duplin Co. N.C.16(a) Informant's Signature Mrs. B. Quinn(b) Address Raleigh, NC17(a) Burial
(Burial, cremation, or removal)(b) Date thereof Dec. 12 - 1948
(Month, day, year)(c) Cemetery Family(d) Location near Beulah18(a) Funeral Director Quinn & McEwen(b) Address Raleigh19(a) W.P. 1948 (b) J. H. ...
Filed Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 11, 1948 at 5:00 P.M.21. I certify that death occurred on the date above stated; that I attended
deceased from January 1948 to Dec 11, 1948
and that I last saw her alive on Dec 11, 1948

Immediate cause of death

Congestive Heart Failure 1 yearDue to Hypertensive Cardio-vascular diseaseDue to arteriosclerosisDue to uricemiaOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where and injury occur?

(d) Did injury occur about home, on farm, in industrial plant, in a public
place? (Specify type of place)

(e) While at work?

(f) Manner of injury

23. Signature Clayton Bohr M.D.Address Beulah, N.C. Dec 12-14-48WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING7 Item of information should be carefully supplied. The correct age is especially important.
PHYSICIANS: Please write the cause of death clearly and legibly.
MAIL THIS COPY TO: THE BUREAU OF VITAL STATISTICS, RALEIGH, NORTH CAROLINA