

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

1910

1 PLACE OF DEATH

County Wayne Registration District No. 1000 State NC Precinct No. 1  
Township Edison or Village Edison  
City Edison No. 1 St. 1 Ward 1  
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

Nancy Rouse  
(a) Residence, No. 1 St. 1 Ward 1  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. 1 How long in U. S. if foreign birth? yrs. 1 mos. 1

PERSONAL AND STATISTICAL PARTICULARS

3 Sex <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a If married, widowed, or divorced Married to (or) Wife of <u>W. E. Rouse</u>		
6 Date of birth (month, day, and year) <u>Aug 20 1868</u>		
7 Age years <u>42</u>	Months <u>10</u>	Days <u>10</u>
8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u> (c) Name of employer <u>None</u>		
9 Birthplace (city or town) <u>NC</u> (State or country)		
10 Name of Father <u>Benjamin Rouse</u>		
11 Birthplace of Father (city or town) <u>NC</u> (State or country)		
12 Maiden Name of Mother <u>Alice Rouse</u>		
13 Birthplace of Mother (city or town) <u>NC</u> (State or country)		
14 Informant <u>A. C. Rouse</u> (Address)		
15 Filed <u>Aug 20 1910</u> <u>John H. Hutton</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Aug 20 1910

17 I HEREBY CERTIFY, That I attended deceased from Aug 20 1910 to Aug 20 1910 that I last saw him alive on Aug 20 1910 and that death occurred, on the date stated above, at Edison, NC

The CAUSE OF DEATH\* was as follows:  
Plaque of Atherosclerosis of the heart

Contributory (SECONDARY) None  
(duration) yrs. 0 mos. 0

18 Where was disease contracted? At home  
If not at place of death?  
Did an operation precede death? None Date of None  
Was there an autopsy? None  
What test confirmed diagnosis?  
(Signed) W. E. Rouse M.D.  
No. 1 (Address) 101 W. 1st St. Edison, NC

\*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.)

19 Place of Burial, Cremation, or removal <u>Home</u>	Date of Burial <u>Aug 20 1910</u>
20 Undertaker <u>John Burton</u>	Address <u>101 W. 1st St. Edison, NC</u>

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.

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