

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

1 PLACE OF DEATH Registration District No. 72-2507
County Perquimans State Nor. Car. Register No. 5
Township Hertford or Village Hertford
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Celia Anne Butt
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex <u>Female</u>	4 Color or Race <u>White</u>	5 Marital Status <u>Widowed</u>
6a If married, widowed, or divorced Husband of (or) Wife of <u>C. C. Butt</u>		
7 Date of Birth (month, day, and year) <u>July 1860</u>		
Age <u>67</u> years	<u>8</u> months	Days _____
8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>Domestic</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9 Birthplace (city or town) <u>Perquimans Co. N.C.</u> (State or country)		
10 Name of Father <u>Ealey Umphlett</u>		
11 Birthplace of Father (city or town) <u>Perquimans Co. N.C.</u> (State or country)		
12 Maiden Name of Mother <u>Celia Umphlett</u>		
13 Birthplace of Mother (city or town) <u>Perquimans Co. N.C.</u> (State or country)		
14 Informant <u>Mrs. John Butt, N.C.</u> (Address) <u>High Point, N.C.</u>		
15 Filed <u>3/28, 1928</u> - <u>Mrs. J. E. Paker</u> REGISTRAR		

DEATH CERTIFICATE OF DEATH

16 Date of death (month, day, and year) 3/11 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/10 1928 to 3/11 1928 that I last saw her alive on 3/9 11 p.m. and that death occurred, on the date stated above, at 11 p.m.

18 CAUSE OF DEATH* was as follows: Pulmonary embolism
understand several years
(duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

19 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) Robt W. Smith M. D.
3/28, 1928 (Address) Hertford, N.C.

*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.)

20 Place of Burial, Cremation, or removal <u>Perquimans Co. Durant's Mch. N.C.</u>	Date of Burial <u>3/13 1928</u>
21 Undertaker <u>E. S. Pierce</u>	Address <u>Hertford, N.C.</u>