

STANDARD CERTIFICATE OF DEATH

1180

1 PLACE OF DEATH
County Perquimans Co. Registration District No. 72-5945 State N.C. Register No. 17
Township New Hope or Village _____ of _____
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME William Campbell
(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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married
6 Date of birth (month, day, and year) _____
7 Age years Months Days If LESS than 1 day, hrs. or min. 71 0 10
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) (State or country) _____
10 Name of Father Wm. Campbell
11 Birthplace of Father (city or town) (State or country) N.C.
12 Maiden Name of Mother Wm. Campbell
13 Birthplace of Mother (city or town) (State or country) N.C.

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Aug. 27 1922
17 I HEREBY CERTIFY, That I attended deceased from Aug. 25 1922, to Aug. 27 1922, that I last saw him alive on Aug. 25 1922 and that death occurred, on the date stated above, at 8 a. m.
The CAUSE OF DEATH* was as follows:
Chronic endocarditis
(duration) _____ yrs. _____ mos. _____ ds.
Contributor Arteriosclerosis (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted if not at place of death? not known
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Physical examination
(Signed) E. H. Hobbs M.D.
.19 (Address) Elizabeth City, 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.)

14 Informant Wm. Campbell (Address) 121 Westford, N.C.
15 Filed 9-5 1922 JAB. M. White REGISTRAR

19 Place of Burial, Cremation, or removal Perquimans Co. N.C. Date of Burial 8-29 1922
20 Undertaker Lincolny Morgan, Westford, N.C. Address _____

WRITE PLAINLY, WITH UNFADING BLACK 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.

REGISTRAR