MAY 6 1985

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

4

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

REGISTRATION DISTRICT NO. 70-00 REGISTRAR'S CERTIFICATE NO. 13284

1. PLACE OF DEATH a. COUNTY: Pasquotank Co. b. TOWNSHIP: Providence c. LENGTH OF STAY (in 1a): 33	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: N.Carolina b. COUNTY: Perquimanius
d. CITY OR TOWN: Elizabeth City — Is Place of Death Within City Limits? YES ☐ NO ☒	c. CITY OR TOWN: Hertford — Is Place of Residence In City Limits? YES ☐ NO ☒ On a Farm? YES ☐ NO ☐
e. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Albemarle Hospital Inc.	d. STREET ADDRESS or R.F.D. NO.: Rt. 3

3. NAME OF DECEASED (Type or Print) First: Elsie Middle: Trueblood Last: Umphlett	4. DATE OF DEATH Month: 4 Day: 19 Year: 1965

5. SEX	6. COLOR OR RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	10-12-1890	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N.Carolina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	NAME OF HUSBAND OR WIFE
Wm. Thos. Trueblood	Rebecca Williams	Lorenza Elàud Umphlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS
No ----------	None	Eliud Umphlett, RFD 3, Hertford, NC

MEDICAL CERTIFICATION

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) [illegible] Myocardial Infarction [illegible] — 4 1/2 [illegible]

ANTECEDENT CAUSES — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 4 yrs

4201 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): [illegible]

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY (MONTH, DAY, YEAR, HOUR) M. 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY OR TOWNSHIP COUNTY STATE

21. I attended the deceased from 3/17 1963 to 4/19 1965 and last saw her alive on [illegible] 1965

Death occurred at 4:55 P.m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
[illegible] M.D.	Elizabeth City, N.C.	4/19/65

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal & Burial	4-21-65	Trueblood-Perry Cem.	Perquimans Co., N.C.

24. DATE REC'D BY LOCAL REG.	25. REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
4-20-65	[illegible] Grant, MD.	Swindell's - Hertford, N.C.

Burial Permit Issued 4-20-65 Date

Form 9A Issued / Date

Form 8 Rev. 1-62 1-62 50M