

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

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

2 FULL NAME Grizzell Samplet
(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 foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Female 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced
Husband of Elisha Samplet
(or) Wife of _____

6 Date of birth (month, day, and year) Aug. 30 - 1850

7 Age years Months Days If LESS than 1 day, hrs. or min.
69 9 1

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 Birthplace (city or town) Galilee N.C.
(State or country)

10 Name of Father Jesse James

11 Birthplace of Father (city or town) N.C.
(State or country)

12 Maiden Name of Mother Mandy James

13 Birthplace of Mother (city or town) N.C.
(State or country)

14 Informant Elisha Samplet
(Address) Hertford, N.C. R. #3

15 Filed 6-3-1920 J. M. White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) June 1, 1920
17

I HEREBY CERTIFY, That I attended deceased from May 22, 1920 to June 1, 1920
that I saw her alive on May 27, 1920
and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
General Hemorrhage
Paralysis left side
(duration) yrs. mos. 9 ds.

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

18 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) Robert W. Smith M. D.
6-1-1920 (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.)

19 Place of Burial, Cremation, or removal Perquimans Co. N.C. Date of Burial 6-2-1920

20 Undertaker Timothy Morgan Address Hertford, N.C.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully specified. 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.