NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

176

REGISTRATION DISTRICT NO. 72-00 LOCAL NO. _____

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

1. NAME OF DECEASED — First: Lorenzo; Middle: Kliud; Last: Umphlett
2. DATE OF DEATH (Month, Day, Year): Dec. 10, 1971
3. SEX: Male
4. COLOR OR RACE: White
5. STATE OF BIRTH (If not in U.S.A., name country): North Carolina
6. DATE OF BIRTH: 3-29-1890
7. AGE (Last birthday) — If under 1 year: months / days; If under 24 hours: hours / min.: 81
8a. PLACE OF DEATH — County: Perquimans
8b. City or Town: Hertford
9a. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) — State: North Carolina
9b. County: Perquimans
8c. Name of Hospital or Institution (If not in hospital, give street and number): Rt. 3
8d. Inside City Limits (Specify Yes or No): No
9c. City or Town: Hertford
10. Married, Never Married, Widowed, Divorced (Specify): Widowed
11. Surviving Spouse (If wife, give maiden name)
9d. Street Address or R.F.D. No.: Rt. 3
9e. Inside City Limits (Specify Yes or No): No
12. Citizen of What Country?: USA
13. Social Security Number: 243-18-5355
14a. Usual Occupation (Kind of work done during most of working life, even if retired): Retired Carpenter
14b. Kind of Business or Industry: & Contractor

PARENTS

15. Father's Name: Elisha Umphlett
16. Mother's Maiden Name: Margaret Bateman

17. Informant's Name and Address: Mrs. Delwin Eure, Route 3, Hertford, N. C. (daughter)

LOCAL COPY

CAUSE

PART I. DEATH CAUSED BY: (Enter only one cause per line for 18a, 18b, and 18c.) — Approximate Interval Between Onset and Death

18a. Immediate Cause: Recurrant myocardial infarction — immediate

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last.

18b. Due to, or as a consequence of: Arteriosclerotic Heart Disease with inferior wall M.I. — 1953

18c. Due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS (Contributing to death but not related to cause given in Part I.): Pulmonary emphysema and fibrosis

19a. Autopsy? (Yes or No): No
19b. If Yes, were findings considered in determining cause of death?

20a. Accident, Suicide, Homicide, or Undetermined (Specify)
20b. Describe how injury occurred (Enter nature of injury in Part I or Part II, Item 18)
20c. Time of Injury: Month / Day / Year / Hour
20d. Injury at Work (Specify Yes or No)
20e. Place of Injury (At home, farm, street, factory, office bldg., etc. (Specify))
20f. City or R.F.D. / County / State

CERTIFIER

21. Certification—Physician: I attended the deceased from 11-6 53 to 11-23 71 and last saw him/her alive on 11-23-71. Death occurred at 12:30 P on the date stated above, and in my opinion, from the cause stated.

22. Certification—Medical Examiner or Acting Medical Examiner: On the basis of the examination of the body and/or investigation, in my opinion, death was due to the cause(s) stated above. The deceased was pronounced dead at _____ a.m./p.m. on _____, 19__.

12-10-71

12-11-71

23a. Signature of Certifier (Degree or Title): Walter Spaeth, M. D.
23b. Date Signed: 12-11-71
23c. Address: Elizabeth City, N. C.

BURIAL

24a. Burial, Cremation, Other (Specify): Burial
24b. Date: 12-12-71
24c. Name of Cemetery or Crematory: Perry-Trueblood Cem.
24d. Location (City, Town, or County) (State): Perquimans County, N.C.
25. Funeral Home (Name / Address): Swindell's, Hertford, N.C.
Signature of Funeral Director: Marion S. Swindell
License No.: 1216
26. Date Rec'd by Local Reg.: 12-15-71
Signature of Registrar: [illegible]
Signature of Embalmer: W. Chas. [illegible]ley
License No.: 1263

FORM 11
REV. 1-69