

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

**1 PLACE OF DEATH** Registration District No. 22-2118 State nc Register No. 3  
County Perquimans Township \_\_\_\_\_ or Village Winfall nc or City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

**2 FULL NAME** Minnie W. Waples  
(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 3 yrs. 3 mos. ds. How long in U. S. if of 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 (or) Wife of J. W. Waples

**6 Date of birth (month, day, and year)**

**7 Age** years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
39 4 13

**8 Occupation of deceased**  
(a) Trade, Profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9 Birthplace (city or town)** Perq. Co (State or country) nc

**10 Name of Father** John B. Benton

**11 Birthplace of Father (city or town)** Perquimans Co (State or country) nc

**12 Maiden Name of Mother** Irene Mathews

**13 Birthplace of Mother (city or town)** Gates Co (State or country) nc

**14 Informant** J. W. Waples (Address) Winfall nc

**15 Filed** 5/24/1922 E. B. Daughtery REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 Date of Death (month, day, and year)** 5/14 1922

**17 I HEREBY CERTIFY, That I attended deceased from**  
Oct 1920, to 5/14 1922  
that I last saw her alive on 5/13 1922  
and that death occurred, on the date stated above, at 6 P. m.  
The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis  
5 to 12 (duration) May 14/1922 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) Robt W. Smith M.D.  
5/17, 1922 (Address) Winfall nc

\*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** Perq. Co nc **Date of Burial** 5/15 1922

**20 Undertaker** Timothy Morgan **Address** Winfall nc

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD  
N. B.—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.