B. V. S.—Form 11

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

185

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ORD.

Every item of ation should be carefully supplied. The correct age is especially
Please write the ses of death clearly and legibly.

Int. PHYSICIANS:

1. PLACE OF DEATH
(a) County Perquimans
(b) Township Parkville (If in town limits, leave blank)
(c) City or town (If outside city or town limits, write RURAL)
(d) Street, hospital or institution
(e) Length of stay in hospital or institution (Yrs., mos., or days)
In this community Life (Yrs., mos., or days)

Registration Dist. No. 72 04 Certificate No. 5

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N. C. (b) County Perq. Co.
(c) City or town
(d) Street or R.F.D.
(e) Is place of residence in corporate limits? No
(f) If foreign born, how long in U.S.A.? years.

3(a) FULL NAME Thomas N. Humphlett

3(b) If veteran, name war
3(c) Social Security No.

4. Sex	5. Color or Race	6(a) Single, married, widowed, or divorced.
male	white	widower

6(b) Name of husband or wife Minnie Humphlett
(c) Age of husband or wife if alive years.

7. Birth date of deceased October 19, 1873 (month, day and year)

8. AGE:	Years	Months	Days	If less than one day: hrs.	mins.
	69				

9. Birthplace Perquimans Co. N.C. (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business

FATHER
12. Name Eden Humphlett
13. Birthplace Perquimans Co.

MOTHER
14. Maiden Name Addie Mathews
15. Birthplace Perq. Co. N.C.

16(a) Informant's Signature E. V. Humphlett
(b) Address Norfolk, Va.

17(a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-43 (Month, day, year)
(c) Cemetery Cedar Grove
(d) Location Perquimans Co. N.C.

18(a) Funeral director Edenton Funeral Home
(b) Address Edenton N. C.

19(a) May 5 1943 Filed (b) E. M. Godwin Registrar

MEDICAL CERTIFICATION

20. Date of death April 27 1943 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1943 to April 25 1943 and that I last saw him alive on April 25 1943

Immediate cause of death	Duration
endocarditis	1 mo.
myocarditis	13 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

Physician: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in a public place? (Specify type of place)
While at work?
(e) Means of injury

23. Signature J. A. Davenport M.D.
Address Hertford N.C. Date signed May 5, 1943