B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

DEC 5 1946

# CERTIFICATE OF DEATH

23065

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. The correct age is especially important. PHYSICIANS: Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

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

Registration Dist. No. 32-95 Certificate No. 869

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N.C. (b) County Durham
(c) City or town 926 W. Markham Ave
(d) Street or R.F.D. Durham
(e) Is place of residence in corporate limits? Yes
(f) If foreign born, how long in U.S.A.? ____ years.

3(a) FULL NAME Frank W. Bennett

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

4. Sex Male | 5. Color or Race White | 6(a) Single, married, widowed, or divorced. Widowed

6(b) Name of husband or wife Valeria Shepherd
(c) Age of husband or wife if alive ____ years.

7. Birth date of deceased Aug. 26, 1884 (month, day and year)

8. AGE: Years 62 | Months 3 | Days 0 | If less than one day ____ hrs. ____ mins.

9. Birthplace Durham N.C. (City, town, or county) (State or foreign country)

10. Usual occupation Fire Chief
11. Industry or business Durham N.C.

FATHER
12. Name C. W. Bennett
13. Birthplace N.C.

MOTHER
14. Maiden Name Lucinda Lunsford
15. Birthplace N.C.

16(a) Informant's Signature Frank Bennett Jr.
(b) Address Durham N.C.

17(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-46 (Month, day, year)
(c) Cemetery Maplewood
(d) Location Durham N.C.

18(a) Funeral director Hall-Wynne Co.
(b) Address Durham N.C.

19(a) 11-26-1946 Filed (b) [signature] Registrar
H.C.

## MEDICAL CERTIFICATION

20. Date of death Nov. 26 1946 at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1946, to Nov. 26 1946, and that I last saw him alive on Nov. 26 1946.

Immediate cause of death Coronary Occlusion — Duration 20 days
Due to Arteriosclerosis — D.K.
Due to ____
Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus ?
Major findings: Of operations ____
Of autopsy none

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 Bruce T. Mathews Jr. M.D.
Address Trust Bldg. Durham, N.C. Date signed Nov. 29, 1946