Birth No. 132

NOV 6 1953

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23898

REGISTRATION DISTRICT NO. 36-80 REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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659

All items must be complete and accurate.

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The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY: Gaston	b. TOWNSHIP	c. LENGTH OF STAY (in this place)	a. STATE: North Carolina	b. COUNTY: Gaston
d. CITY OR TOWN: Gastonia — Is Place of Death Within City Limits? YES [X] NO [ ]			c. CITY OR TOWN: Gastonia — Is Place of Residence Within City Limits? YES [X] NO [ ]	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Gaston Memorial Hospital			d. STREET ADDRESS or R. F. D. NO.: W. Franklin Avenue	

3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	T	Parham		Oct	10	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White		7-25-1903	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	City of Gastonia	North Carolina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Laura Jane Falls

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS
		Mrs. Melvin Parham Rt. 2 Gastonia NC

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per Line for (a), (b), and (c)

"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [ ] NO [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw the deceased alive on ..... 19..... and that death occured at 9:15A m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. McLean	Coroner	Gastonia N.C.	9/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-53	Tate's Chapel Cemetery	Gaston County N.C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10/19/53	J. L. Rawson M.D.	Carothers Funeral Home, Gastonia, N.C.

FORM 8
Rev. 1/49