B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

DEC 20 1947

CERTIFICATE OF DEATH

26285

MARGIN RESERVED FOR BINDING

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

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Chowan
(b) Township ..... (If in town limits, leave blank)
(c) City or town Edenton (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 4 Yrs. (Yrs., mos., or days)

Registration Dist. No. 2160 Certificate No. 37

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

3(a) FULL NAME Benjamin Henry Smith

530 170-C

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	Single

6(b) Name of husband or wife .....

(c) Age of husband or wife if alive ..... years.

7. Birth date of deceased Aug. 15, 1915 (month, day and year)

8. AGE:	Years	Months	Days	If less than one day
	32	3	12	....hrs. ....mins.

9. Birthplace Rocky Mt. NC. (City, town, or county) (State or foreign country)

10. Usual occupation State Employee

11. Industry or business .....

FATHER
12. Name William D. Smith
13. Birthplace Franklin

MOTHER
14. Maiden Name Nora Williams
15. Birthplace Halifax

16(a) Informant's Signature W. D. Smith

(b) Address 824 Peachtree St. Rocky Mt. NC.

17(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month, day, year)

(c) Cemetery Pineview

(d) Location Rocky Mt. N.C.

18(a) Funeral director Quinn Funeral Home

(b) Address Edenton, N.C.

19(a) 12-15-1947 Filed (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death 11/27/1947, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27/47 19.., to 11/27 19 47 and that I last saw him alive on ..... 19.....

Immediate cause of death ..... due to accidental death

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

Duration

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) Accidental
(b) Date of occurrence 11/27/47
(c) Where did injury occur? Edenton Chowan NC (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in a public place? Edenton Nut Grove & Granville St (Specify type of place)
While at work? .....
(e) Means of injury Crushed underneath

23. Signature J. O. Warren M.D.
Address Edenton Date signed 11-27-47