B. V. S. Form 3

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

298

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 New Hanover
(b) Township ..... (If in town limits, leave blank)
(c) City or town Wilmington (If outside city or town limits, write RURAL)
(d) Street, hospital or institution 4th & Campbell Fire Station.
(e) Length of stay in hospital or institution ..... (Yrs., mos., or days)
In this community ..... (Yrs., mos., or days)

Registration Dist. No. 65-90 Certificate No. 512

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N. C. (b) County New Hanover
(c) City or town Wilmington
(d) Street or R.F.D. 810 Princess St.
(e) Is place of residence in corporate limits? Yes.
(f) If foreign born, how long in U.S.A.? ..... years.

3(a) FULL NAME Emmett Adolphus Williamson. 452

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	Widowed

6(b) Name of husband or wife Mamie E. Williamson
(c) Age of husband or wife if alive ..... years.

7. Birth date of deceased June 24, 1891 (month, day and year)

8. AGE: Years	Months	Days	If less than one day
50	4	1	..... hrs. ..... mins.

9. Birthplace Sampson County, N. C. (City, town, or county) (State or foreign country)
10. Usual occupation Lieutenant Fire Dept.
11. Industry or business 4093

FATHER
12. Name Walt A. Williamson
13. Birthplace Sampson County, N. C.

MOTHER
14. Maiden Name Melissa Rich.
15. Birthplace Sampson County, N. C.

16(a) Informant's Signature W. A. Williamson
(b) Address 810 Princess St., Wilmington, N.

17(a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/41 (Month, day, year)
(c) Cemetery Bellevue
(d) Location Wilmington, N. C.

18(a) Funeral director Yopp Funeral Home
(b) Address Wilmington, N. C.

19(a) 10-27 1941 Filed (b) A. H. Clark Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 25, 1941 at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	Duration
(a) Coronary thrombosis	10/25/41
Due to (b) Heart trouble	
Due to (c)	
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 A. H. Williamson Coroner
Address Wilmington, N. C. Date signed 10/27/41