

B. V. S. Form  
*Dr. Phillips*  
*Wickes Co.*

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 365

1. PLACE OF DEATH  
County Wickes Registration District No. 9720 Certificate No. 6  
Township Wickesboro or Village  
City No. \_\_\_\_\_ or \_\_\_\_\_  
(If death occurred in a hospital or institution, give its Name instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Nancy Cornelia Shew  
(a) Residence: No. Wickesboro, N. C. A. J. D. Ward. \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Married  
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen Shew - Dec.

6. DATE OF BIRTH (month, day, and year)  
7. AGE Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60V-00  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Wickes Co.  
(State or country)

13. NAME Andy Halland  
14. BIRTHPLACE (city or town) Wickes Co.  
(State or country)

15. MAIDEN NAME Jessie Hayes  
16. BIRTHPLACE (city or town) Wickes Co.  
(State or country)

17. INFORMANT Emma Halland  
(Address) Wickesboro, N. C. R-2

18. BURIAL, CREMATION, OR REMOVAL  
Place Family Cem. Date 3-25-37

19. UNDERTAKER Leis Steubert  
(Address) 7- Wickesboro, N. C.

20. FILED April 22, 1937 McMurry  
REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-23, 1937  
22. I HEREBY CERTIFY, That I attended deceased from 3-20-37, 19\_\_\_\_ to 3-21-37, 19\_\_\_\_  
I last saw him alive on 3-21-37, 19\_\_\_\_, death is said to have occurred on the date stated above, at 7.40 m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis Date of onset ?  
(93) 3  
Contributory causes of importance not related to principal cause: Bed-sore

Name of operation \_\_\_\_\_ date of \_\_\_\_\_  
What test confirmed diagnosis? Chinap Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? W  
If so, specify \_\_\_\_\_  
(Signed) L. D. Phillips M. D.  
(Address) Wickesboro N. C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.