

PLACE OF DEATH

County Wilkes AUG 12 1914Township ontich 99

Town

Registration District No. 778104

City

FULL NAME Wiley Sampson Shew St. 000 Ward

File No.

Registered No. 5

[If death occurred in a hospital or institution, give the NAME instead of street and number.]

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

203

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-------------------------------|---|
| SEX <u>male</u> | COLOR OR RACE <u>White</u> | SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Widow</u> |
| DATE OF BIRTH <u>not known</u> | | |
| AGE <u>89</u> | | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) | | |
| EDUCATIONAL ATTAINMENTS <u>Common</u> | | |
| BIRTHPLACE <u>Wilkes Co</u> | | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
July the 10 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred on the date above stated, at 9:45 AM

The CAUSE OF DEATH* was as follows:

Heart trouble

189

Contributory
(Secondary)(Signed) Caroline + Shew
mark
191 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL

Home Graveyard DATE OF BURIAL
July 7 1914
UNDERTAKER ADDRESS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Caroline + Shew
mark
(Address) Ball mark etcFiled July 10, 1914 John Bloss
Registrar.

N. B.—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.