

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.

DEPARTMENT OF COMMERCE
Bureau of the Census

STANDARD CERTIFICATE OF DEATH

Registration Dist. No. 2710
Registrar's No. 306

Division of Vital Statistics—State Board of Health
State of South Carolina

State File No.

11007

1. PLACE OF DEATH:

(a) County Richland
 (b) City or town State Park, S. C.
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: C. State Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community 4 yr. 4 mo. 16 da. (Specify whether
 1—year, 2—month, or 3—day)

2. USUAL RESIDENCE OF DECEASED:

(a) State S. C. (b) County Fairfield
 (c) City or town Ridgeway, S. C.
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Elliott Able

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex M.

5. Color or
race C.

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

(Month) (Day) (Year)
1923

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>			hr. _____ min. _____

9. Birthplace

(City, town, or county) S. C. (State or foreign country)

10. Usual occupation

R. (State or foreign country)

11. Industry or business

12. Name Naskell Able

13. Birthplace (City, town, or county) S. C. (State or foreign country)

14. Maiden name Ruby Green

15. Birthplace (City, town, or county) S. C. (State or foreign country)

16. (a) Informant's own signature S. State Registrar

(b) Address Columbia, S. C.

17. (a) Removal

(b) Date thereof Aug 2 1948

(c) Place; burial or cremation Fairfield Co.

18. (a) Signature of funeral director A. Russell

(b) Address Richland, S. C.

19. (a) Aug 4 1948

(b) M. S. W. McLean

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Aug. day 1
 year 1948 hour 100 minute 00 P. M.

21. I hereby certify that I attended the deceased from
Mar 10, 1944 to Aug. 1, 1948
 that I last saw him alive on Aug. 1, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

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 in or about home, on farm, in industrial
 place, in public place?
 While at work _____ (Specify type of place)
 23. Signature [Signature] (M. D. or other)
 Address [Address]

DURATION
 PHYSICIAN
 Underline the cause to which death should be charged statistically.