

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.

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

2992

1. PLACE OF DEATH  
County: Rockingham  
Township: Conover  
City: Conover  
No. 1010 of Village Conover  
Registration District No. 60-95 Certificate No. 829

2. FULL NAME: James D. Brown  
Length of residence in city or town where death occurred: 7 yrs. 6 mos. 0 ds. How long in U. S. if of foreign birth: 7 yrs. 0 mos. 0 ds.  
(a) Residence No. 1219 (usual place of abode) 650

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX: Male  
4. COLOR OR RACE: White  
5. Single, Married, Widowed, or Divorced (write the word): Married  
6. If MARRIED, widowed, or divorced (write the word) (or) WIFE of: Mrs. D. Brown

7. AGE: 6 Years 6 Months 20 Days  
8. DATE OF BIRTH (month, day, and year): Oct 4 1906  
9. Trade, profession, or particular kind of business, occupation, or service in which engaged: retired contractor  
10. Date deceased last worked at this occupation (month and year): Aug 25 1934  
11. Total time (years) spent in this occupation: 11

12. BIRTHPLACE (city or town) (State or country): Conover N.C.  
13. NAME: James D.  
14. BIRTHPLACE (city or town) (State or county): Conover N.C.  
15. MAIDEN NAME: Winn  
16. BIRTHPLACE (city or town) (State or county): Watauga N.C.

17. INFORMANT (Address): James D. Brown  
18. BURIAL, CREMATION, OR REMOVAL (Address): Conover N.C. Date: Aug 25 1934

19. UNDERTAKER (Address): Conover N.C.  
20 FILED: 9-6-34 Registrar: James D. Brown

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (month, day, and year): Aug 16 1934  
22. I HEREBY CERTIFY, that I attended deceased from Aug 10 1934 to Aug 16 1934  
I first saw deceased on Aug 10 1934 at Conover N.C.  
to have occurred on the date listed above, at Conover N.C.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Paralytic stroke  
Contributory causes of importance not related to principal cause:  
hypertensive stroke  
Name of operation: None date of: None  
What test confirmed diagnosis? Biuret Was there an autopsy? No  
23. If death was due to external causes (violence) fill in any, the following:  
Accident, suicide, or homicide? No Date of injury: Aug 16 1934  
Where did injury occur? Home  
Specify whether injury occurred in industry, in home, or in public place.  
Nature of injury: Stroke  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify: No  
(Signed) W. C. H. [Signature] M. D.  
(Address) Conover N.C. 1934