

MARGIN RESERVED FOR BINDING

N. B.—WRITE FAIRLY, 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.

1. PLACE OF DEATH
County of Charlotte
Township of Chick
or
City of _____
Residence (If not same) _____

Standard Certificate of Death

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
2063

Registration District No. 1102 Registered No. 9
(For use of Local Registrar.)
(If death occurred in a Hospital or institution, give its NAME instead of street and number.)
Ward _____

2. FULL NAME Estelle E. Wilson Residence—
In City _____ Yrs _____ Mos _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
6. DATE OF BIRTH (Month, day, and year) Feb 7 60
7. AGE Years _____ Months _____ Days _____ If less than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Estelle E. Wilson

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Fannie Joins

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT ella E. Wilson (Address) Charlotte N.C.

18. BURIAL, CREMATION, OR REMOVAL Place buried Date Feb 17 1935

19. UNDERTAKER H. C. Ayers (Address) Charlotte S.C.

20. FILED Feb 28 1935 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20 1935

22. I HEREBY CERTIFY, That I attended deceased from 12 o'clock noon until 12 o'clock noon on Feb 20 1935.
deceased did not see her alive death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:
valvular heart disease Date of onset 1934

Contributory causes of importance not related to principal cause: none

Name of operation none Date of none
What test confirmed diagnosis? none 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, 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? no

If so, specify _____
(Signed) [Signature] M. D.
(Address) Charlotte N.C.