

BORN 1920

UNCERTIFIED

B. V. S.—Form 11

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

851

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Mecklenburg Registration District No. 60-95 Certificate No. 854
Township _____ or Village _____ or
City Charlotte No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its Name instead of street and number)
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 Margaret Ellison
(a) Residence: No. 606 S Alexander Ward _____ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) March 20

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

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) Phesler
(State or country) SC

13. NAME Walker Ellison

14. BIRTHPLACE (city or town) SC
(State or country)

15. MAIDEN NAME Minnie James

16. BIRTHPLACE (city or town) Fairfield
(State or country) SC

17. INFORMANT Walker Ellison
(Address) 606 S Alexander

18. BURIAL, CREMATION, OR REMOVAL Place Pinewood Date 10/17, 1939

19. UNDERTAKER Oriens Thompson
(Address) _____

20. FILED 10/17, 1939 W. J. Blackman
REGISTRAR. (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 13, 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 8, 1939 to Oct 13, 1939

I last saw her alive on 10/13, 1939 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: _____ Date of onset _____

Contributory causes of importance not related to principal cause+ _____

Name of operation none date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No 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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) E E Blackman M. D.

(Address) _____

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.