

UNCERTIFIED

527

B.V.S.—Form 11

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Mecklenburg Registration District No. 60-95 Certificate No. 526
Township _____ or Village _____
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

William Edison
(a) Residence: No. 1508 S. Miller St. St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE Years Months Days IF LESS than 1 day, _____ hrs. or _____ min.
about 47

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

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) D. C.
(State or country)

13. NAME Wm. Edison

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

15. MAIDEN NAME

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

17. INFORMANT Herbert Adams
(Address) 1508 S. Miller St

18. BURIAL, CREMATION, OR REMOVAL Place Mecklenburg Date Apr 1, 1934

19. UNDERTAKER Anderson Bros
(Address)

20. FILED 6-2-34 Frank R. Waller
REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from last night 19____, to _____ 19____
I last saw h_____ alive on Mar 24, 19____ 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:

myocarditis

Contributory causes of importance not related to principal causes:
metabolic disturbance
hypert. Brostate
Respiratory wine

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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, county, 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? _____
If so, specify
(Signed) Hamilton M. Kay M. D.
(Address) _____

MARGIN RESERVED & 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.

Born About 1887.