

THIS IS A PERMANENT RECORD. Every item of information furnished should be stated EXACTLY. PHYSICIANS should state cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

DEPARTMENT OF COMMERCE
 Bureau of the Census
STANDARD CERTIFICATE OF DEATH
 Registration Dist. No. 11-a Division of Vital Statistics—State Board of Health State File No. **04508**
 Registrar's No. 21 State of South Carolina

1. PLACE OF DEATH:
 (a) County Cherokee
 (b) City or town Cherokee
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: Prison Hospital
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 2 wks
 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State So. Carolina County Cherokee
 (c) City or town Cherokee
 (If outside city or town limits, write RURAL)
 (d) Street No. 134 Cemetery
 (If rural, give location)
 (e) If foreign born, how long in U.S.A.? _____ years.

3. (a) FULL NAME Ladd Owens
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. Date of death: Month April day 11 year 1948 hour 7 minute 10 P.M.
 21. I hereby certify that I attended the deceased from April 7, 1948, to April 11, 1948, that I last saw him alive on April 10, 1948, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Caucas
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife _____ (d) Age of husband or wife if alive _____ years

DURATION
 Immediate cause of death: Cerebral Hemorrhage 4 Days

7. Birth date of deceased (Month) (Day) (Year) 1893
 8. AGE: Years Months Days If less than one day _____ yr. _____ min.

Due to Hypertensive Cardio-Vascular Disease 0934
 Due to _____ 0831

9. Birthplace Fairfield County, S.C.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business _____

Other conditions (include pregnancy within three months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

Father: 12. Name Dont R. Owens 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 Mother: 14. Maiden name Dont Owens 15. Birthplace _____
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature L. H. Owens
 (b) Address 136 Cemetery
 17. (a) Burial (b) Date thereof 4-17-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place; burial or cremation Burial only

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)

18. (a) Signature of general registrar W. P. [unclear]
 (b) Address Bladell St. 224

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place)
 While at work _____
 (Specify type of work)

19. (a) April 15 1948 (b) E. B. [unclear]
 (Date received local registrar) (Registrar's signature)

23. Signature Charles H. Bull, M.D. or other M.D.
 Address 222 Bladell St. Date signed 4/15/48