

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 Holman  
 Township of \_\_\_\_\_  
 or  
 City of Holman

**Standard Certificate of Death**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
17801

Registration District No. 20A Registered No. 341  
 (No. 50 W. Laurel Ward) (For use of Local Registrar.)  
 (If death occurred in a Hospital or institution give its NAME instead of street and number.)

2. FULL NAME Mr. Eumer Vail  
 Residence—  
 In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widow  
 6. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ WIFE of \_\_\_\_\_  
 7. DATE OF BIRTH (Month, day, and year) \_\_\_\_\_  
 8. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.  
 9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household  
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 11. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Nov-22-1931  
 22. I HEREBY CERTIFY, That I attended/deceased from \_\_\_\_\_ 11/22/31, 1931, to \_\_\_\_\_ 11/22/31, 1931.  
 I last saw h. a. alive on \_\_\_\_\_ 11/22/31, 1931, death is said to have occurred on the date stated above, at \_\_\_\_\_ 6:30 a.m.  
 The principal cause of death and related causes of importance in order of onset were as follows: Cerebral apoplexy 11/22/31  
 Contributory causes of importance not related to principal cause: Septic. arterio-sclerosis & hypertension  
 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, 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) J. M. D.  
 (Address) Holman, S.C.

12. BIRTHPLACE (city or town) So. Ga  
 (State or country) \_\_\_\_\_  
 13. NAME Daniel Scott  
 14. BIRTHPLACE (city or town) So  
 (State or country) \_\_\_\_\_  
 15. MAIDEN NAME Vaughn  
 16. BIRTHPLACE (city or town) So  
 (State or country) \_\_\_\_\_  
 17. INFORMANT Mrs. J. H. Capell  
 (Address) Holman, S.C.  
 18. BURIAL, CREMATION, OR REMOVAL Wilmington  
 Place \_\_\_\_\_ Date 11/23/31 19\_\_\_\_  
 19. UNDERTAKER Wilmington  
 (Address) Holman, S.C.  
 20. FILLED Nov 24, 1931 J. M. D.  
 Registrar (Address) \_\_\_\_\_