

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

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I. PLACE OF DEATH

County Buncombe Registration District No. 115124 Certificate No. 267
Township Asheville or Village _____
City _____ No. V.A. Hospital, Oteen, N.C. 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. 26 ds. How long in U. S. if of foreign birth? _____ yrs. mos. ds.

2. FULL NAME Byrd, Russell - C. - None - Pvt. 3rd Co. 1st Dev. Bn., 154th D.B.
(a) Residence: No. Blakely, Ga. 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 Black 5. Single, Married, Widowed, or Divorced (write the word) Married

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

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

7. AGE Years _____ Months _____ Days _____ IF LESS than 1 day, _____ hrs. or _____ min. about 41 years

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

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 _____

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (city or town) Mitchell Co., Ga.
(State or country)

13. NAME Wm. Byrd

14. BIRTHPLACE (city or town) Information not available
(State or country)

15. MAIDEN NAME Millie Rosson

16. BIRTHPLACE (city or town) Information not available
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Blakely, Ga. Date Dec. 9, 1932, 19____

19. UNDERTAKER Brownell-Dunn Co. Inc., Asheville, N.C.
(Address)

20. FILED Dec 32 1932 Mrs. Claude D. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 8, 1932, 19____

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1932, 19____, to Dec. 8, 1932, 19____

I last saw him alive on Dec. 8, 1932, 19____, death is said to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Tuberculosis, pulmonary, chronic
Bar advanced

Date of onset Unknown

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Contributory causes of importance not related to principal causes:

Name of operation _____ 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? _____ 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 H.C. Dodge

H. C. DODGE, Medical Officer in Charge, Veterans Administration Hospital, Oteen, N.C.
(Address)

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.