B.V.S.—Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

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1 PLACE OF DEATH — Registration District No. (Newman)

County: Rutherford 80 — State: — Register No. 43

Township: — or Village: — or

City: Sulphur — No.: — St.: — Ward: —
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Geo. L. W. Whitlock

(a) Residence. No.: — St.: — Ward: —
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): M

5a If married, widowed, or divorced Husband of (or) Wife of: Married

6 Date of birth (month, day, and year):

7 Age: years 69 — Months 6 — Days 5 — If LESS than 1 day, ___ hrs. or ___ min.

8 Occupation of deceased

(a) Trade, Profession, or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 Birthplace (city or town) (State or country): N. C.

Parents

10 Name of Father: L. A. Whitlock

11 Birthplace of Father (city or town) (State or country): N. C.

12 Maiden Name of Mother: Cloyce

13 Birthplace of Mother (city or town) (State or country): Stanley Co. N. C.

14 Informant: J. M. Whitlock
(Address): Sulphur N. C.

15 Filed 3-4 1922 C. W. Woodson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year): 2/3 1922

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3 1922 to Feb. 3 1922 that I last saw him alive on Feb 4 1922 and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY): Chronic Prostate

(duration) ___ yrs. 1 mos. ___ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Arno J. Whitlock M.D.

, 19 (Address) Sulphur Springs N.C.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal: Chestnut Hill Cem — Date of Burial: Feb 6 1922

20 Undertaker: Geo. W. Whitlock — Address: Sulphur

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.