B. V. S.—Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

319

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Registration District No. 19111
County Caswell State N C Register No. 6
Township Milton 017 or Village or
City No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Linden Johnson Whitlock
(a) Residence. No. St. Ward 342
(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): married

5a If married, widowed, or divorced Husband of (or) Wife of Sallie D Whitlock

6 Date of birth (month, day, and year) April 5th 1867

7 Age: 58 years; Months: 9; Days: 22; If LESS than 1 day, hrs. or min.

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work: Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): Milling
(c) Name of employer

9 Birthplace (city or town) (State or country): Orange Va

Parents
10 Name of Father: George Whitlock
11 Birthplace of Father (city or town) (State or country): Orange Va
12 Maiden Name of Mother: Martha Amos
13 Birthplace of Mother (city or town) (State or country): Orange Va

14 Informant: Mrs. Sallie D Whitlock
(Address) Milton N C

15 Filed 12/27 1925 F P Tucker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Dec 27 1925

17
I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I saw h.....alive on ..... 19.....
and that death occurred, on the date stated above, at .....m.
The CAUSE OF DEATH* was as follows:
Cardio-renal disease
(duration) yrs. mos. ds.
Contributory (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. P. Tucker M. D.
12/27 1925 (Address)

*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: Orange Va — Date of Burial: Dec 29 1925
20 Undertaker: F. W. Parrish & Son — Address: Danville Va

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.