

SEP 7 1946

CERTIFICATE OF DEATH

16066

1. PLACE OF DEATH:

(a) County Cherokee

(b) Township Murphy
(If in town limits, leave blank)

(c) City or town Murphy
(If outside city or town limits, write RURAL)

(d) Street, hospital or institution Patric Hospital

(e) Length of stay in hospital or institution Five days
(Yrs., mos., or days)

In this community Eighty ~~one~~ years
(Yrs., mos., or days)

Registration Dist. No. 20-51 Certificate No. _____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State North Carolina (b) County Cherokee

(c) City or town Murphy

(d) Street or R.F.D. _____

(e) Is place of residence in corporate limits? no

(f) If foreign born, how long in U.S.A.? _____ years

3(a) FULL NAME Florence Harriete Emily Nancy

3(b) If veteran, name war _____ 3(c) Social Security No. _____

MEDICAL CERTIFICATION

4. Sex Female 5. Color or Race White 6(a) Single, married, widowed, or divorced. Widowed

6(b) Name of husband or wife David Crockett Nancy

(c) Age of husband or wife if alive _____ years

20. Date of death Aug 13, 1946 at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9, 1946 to Aug 13, 1946 and that I last saw her alive on Aug 13, 1946

7. Birth date of deceased December 3, 1865
(month, day and year)

Immediate cause of death Cerebral hemorrhage Duration 8-8-46

8. AGE: Years 80 Months 8 Days 10 If less than one day hrs. _____ mins. _____

Due to Hypertensive cardiac vascular disease?

9. Birthplace Cherokee
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housekeeper

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business own home

12. Name John Chastain

13. Birthplace Cherokee

14. Maiden Name Martha Jane Martin

15. Birthplace Cherokee

16(a) Informant's Signature Mrs J L Martin

(b) Address Murphy, N.C.

17(a) Burial (b) Date thereof Aug 14-46
(Burial, cremation, or removal) (Month, day, year)

(c) Cemetery _____

(d) Location _____

18(a) Funeral director Louise's Funeral Home

(b) Address Murphy N.C.

19(a) 8-16 1946 (b) Reverend E. Devereaux
Filed Registrar

Physician _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

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)

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

While at work? _____

(e) Means of injury _____

23. Signature J. A. Hoover M.D.

Address Murphy N.C. Date signed 8-15-46

MARGIN RESERVED FOR BINDING
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIAN: Please write the causes of death clearly and legibly.