

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25332

Birth No. 132

DEC 7 1951

REGISTRATION DISTRICT NO. 20-51 REGISTRAR'S CERTIFICATE NO. 54

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician not in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Cherokee</u>	b. TOWNSHIP <u>Murphy</u>	c. LENGTH OF STAY (in days) <u>7</u>	2. USUAL RESIDENCE (When deceased lived. If institution, give name before admission) a. STATE <u>N.C.</u>	b. COUNTY <u>Cherokee</u>
d. CITY OR TOWN <u>Murphy</u>	e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Whitefield Clinic</u>	f. STREET ADDRESS or R.F.D. NO. <u>R.F.D. No. 2</u>	c. CITY OR TOWN <u>Murphy</u>	

3. NAME OF DECEASED a. (First) <u>Thompson</u>	b. (Middle) <u>Allmon</u>	c. (Last) <u>Chaustain</u>	d. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1951</u>
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4. SEX <u>male</u>	5. COLOR OR RACE <u>w</u>	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Never Married</u>	7. DATE OF BIRTH <u>May 11, 1880</u>	8. AGE (In years last birthday) <u>71</u>	9. MONTHS <u>6</u>	10. DAYS <u>2</u>
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11. USUAL OCCUPATION (Give kind of work, occupation, most of working life even if retired) <u>Farmer</u>	12. KIND OF BUSINESS OR INDUSTRY	13. BIRTHPLACE (State or foreign country) <u>Cherokee Co. N.C.</u>	14. CITIZEN OF WHAT COUNTRY?
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15. FATHER'S NAME <u>John S. Chaustain</u>	16. MOTHER'S MAIDEN NAME <u>Martha Jane Martin</u>
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17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	18. SOCIAL SECURITY NO.	19. INFORMANT'S NAME AND ADDRESS <u>Murphy, N.C. R.F.D. No. 2</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u>	20. INTERVAL BETWEEN ONSET AND DEATH
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21. ANTECEDENT CAUSES This item not more than one of apoplexy, such as heart failure, atherosclerosis, etc. It covers the disease, injury, or complication which caused death.	22. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
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23. DATE OF OPERATION	24. MAJOR FINDINGS OF OPERATION	25. AUTOPSY? <input type="checkbox"/>
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26. ACCIDENT SUICIDE HOMICIDE (Specify)	27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	28. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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29. TIME OF INJURY (Month) (Day) (Year) (Hour)	30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	31. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from Nov 7, 1951 to Nov 13, 1951 that I last saw the deceased alive on Nov 12, 1951 and that death occurred at 2 P.M. from the causes and on the date stated above.

32. SIGNATURE (Name or title) <u>Bessie E. Devereux</u>	33. ADDRESS <u>Murphy, N.C. R.F.D. No. 2</u>	34. DATE SIGNED <u>Nov 14, 1951</u>
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35. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	36. DATE <u>Nov. 14, 1951</u>	37. NAME OF CEMETERY OR CREMATORY <u>Old Martins Creek</u>	38. LOCATION (City, town, or county) (State) <u>Murphy, N.C. R.F.D. No. 2</u>
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39. DATE REC'D BY LOCAL REG. <u>11-16-51</u>	40. REGISTRAR'S SIGNATURE <u>Bessie E. Devereux</u>	41. FUNERAL DIRECTOR <u>Chie Funeral Home</u>	42. ADDRESS <u>Murphy, N.C.</u>
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