

## CERTIFICATE OF DEATH

29 151

## PLACE OF DEATH:

(a) County Rutherford  
 (b) Township High Shoals  
 (If in town limits, leave blank)  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write RURAL)  
 (d) Street, hospital or institution \_\_\_\_\_  
 (e) Length of stay in hospital or institution \_\_\_\_\_  
 (Yrs., mos., or days)  
 In this community \_\_\_\_\_  
 (Yrs., mos., or days)

Registration Dist. No. 81-08 Certificate No. 45

## 2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
 (d) Street or R.F.D. \_\_\_\_\_  
 (e) Is place of residence in corporate limits? \_\_\_\_\_  
 (f) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

## 1. (a) FULL NAME

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

Sex male 5. Color or Race white 6(a) Single, married, widowed, or divorced. married(b) Name of husband or wife Ola Pearson(c) Age of husband or wife if alive 33 years.Birth date of deceased June 13, 1903  
(month, day and year)AGE: Years 38 Months 3 Days 9 If less than one day  
hrs. \_\_\_\_\_ mins. \_\_\_\_\_Birthplace N.C.  
(City, town, or county) (State or foreign country)Usual occupation Textile

Industry or business \_\_\_\_\_

12. Name D. J. Pearson13. Birthplace North Carolina14. Maiden Name Alice Branch15. Birthplace N.C.6(a) Informant's Signature Mrs. Nevel Pearson(b) Address Cliffside, N.C.7(a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 42  
(Month, day, year)(c) Cemetery Cliffside(d) Location Rutherfordton Co.8(a) Funeral director Blakewell - Nichols(b) Address Asheville, N.C.9(a) 10-2 Filed 1942 (b) H. E. Spratt Registrar

## MEDICAL CERTIFICATION

20. Date of death Sept. 20, 1942 at 2 a. M.21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20, 1942 to \_\_\_\_\_ 19\_\_\_\_  
and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_Immediate cause of death Murdered Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) Physician \_\_\_\_\_

Major findings: \_\_\_\_\_ death should be charged statistically.

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide(b) Date of occurrence Sept 20 - 42(c) Where did injury occur? Cliffside N.C.  
(City or town) (County) (State)(d) Did injury occur about home, on farm, in industrial place, in a public place? Public Place  
(Specify type of place)While at work? no(e) Means of injury Stabbed in the neck, fractured skull.23. Signature D. C. Bostic M.D.Address Forest City, N.C. Date signed \_\_\_\_\_