

R. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

180

Dr Hicks

1. PLACE OF DEATH:
(a) County **Durham**
(b) Township **Durham** (If town limits leave blank)
(c) City or town **Durham** (If outside city or town limits, write RURAL)
(d) Street, hospital or institution **904 Massey, Ave.**
(e) Length of stay in hospital or institution _____ (Yrs., mos., or days)
In this community _____ (Yrs., mos., or days)

Registration Dist. No. **32-95** Certificate No. **161**
2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State **N. C.** (b) County **Durham**
(c) City or town **Durham**
(d) Street or R.F.D. **904 Massey, Ave.**
(e) Is place of residence in corporate limits? **yes**
(f) If foreign born, how long in U.S.A.? _____ years

3(a) FULL NAME **Fulton Allen**

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

4 Sex **Male** 5. Color or Race **C** 6(a) Single, married, widowed, or divorced **Married**

6(b) Name of husband or wife **Cora Allen**

(c) Age of husband or wife if alive **33** years.

7. Birth date of deceased **Feb. 13, 1941** (month, day and year)

8. AGE: Years **32** Months _____ Days _____ If less than one day hrs. _____ mins. _____

9. Birthplace **Wadesboro, N.C.** (City, town, or county) (State or foreign country)

10. Usual occupation **MUSICIAN**

11. Industry or business _____

12. Name **Calvin Allen**

13. Birthplace **Wadesboro, N.C.**

14. Maiden Name **Mary Jane Walker**

15. Birthplace **Ansonville, N.C.**

16(a) Informant's Signature **Cora Allen**

(b) Address **904 Massey, Ave.**

17(a) **Burial** (b) Date thereof **2-15-41** (Month, day, year)

(c) Cemetery **Grove Hill Cemetery**

(d) Location **Durham, N.C.**

18(a) Funeral director **McLavin Funeral Home**

(b) Address **1108 Fayetteville, St.**

19(a) **2-14-41** (b) _____ (c) _____ (d) _____ (e) _____ (f) _____ (g) _____ (h) _____ (i) _____ (j) _____ (k) _____ (l) _____ (m) _____ (n) _____ (o) _____ (p) _____ (q) _____ (r) _____ (s) _____ (t) _____ (u) _____ (v) _____ (w) _____ (x) _____ (y) _____ (z) _____

MEDICAL CERTIFICATION

20. Date of death **2-13-41** at **5 P** M

21. I certify that death occurred on the date above stated; that I attended deceased from **12-12-40** to **2-12-41** and that I last saw him alive on **2-12-1941**

Immediate cause of death _____ Duration **?**

Pneumonia

Due to **infected bladder**

acute bacterial meningitis

Due to **op. supra (sub)**

epithelioma of stricture

Other **epithelioma July 1940** (Include previously within 3 months of death)

Major findings: **Strictures**

Of operations **with ure**

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 **Dr. Hicks** M.D. Address **Durham** Date signed **2-14-41**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. The correct age is especially important. PHYSICIANS: Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

Registrar **H. U.**