

PLACE OF DEATH

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

24

County

Township

Town

City

FULL NAME

Registration District No.

94-8069 A

No.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

SEX

M

COLOR OR RACE

W

SINGLE,  
MARRIED,  
WIDOWED,  
or DIVORCED  
(Write the word)

married

DATE OF BIRTH

Apr

6, 1897

AGE

78 yrs. 10 mos. 19 ds.

IF LESS than

1 day, hrs.  
or min.

OCCUPATION

(a) Trade, profession, or particular kind of work

mercantile

(b) General nature of industry, business, or establishment in which employed (or employer)

EDUCATIONAL ATTAINMENTS

Common School

BIRTHPLACE

Va

NAME OF FATHER

Olanston Nashin

BIRTHPLACE OF FATHER

(State or Country)

Nat. Unknown

MAIDEN NAME OF MOTHER

Hester Glass

BIRTHPLACE OF MOTHER

(State or Country)

Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

M. L. Skell

(Address)

Blowing Rock, N.C.

Filed

The 14th 1916 Grannie Stone

Registrar.

## CERTIFICATE OF DEATH

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb

15, 1916

I HEREBY CERTIFY, That I attended deceased from

Feb 10

1916

to Feb 13

1916

that I last saw him alive on

Feb 13

1916

and that death occurred on the date above stated, at 5:30 a.m.

The CAUSE OF DEATH\* was as follows:

Uremia

(Duration)

yrs.

mos.

ds.

Contributory  
(Secondary)

(Duration)

yrs.

mos.

ds.

(Signed)

H. W. D. Little, M.D.  
Boone, N.C.

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(Address)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death

yrs.

3

mos.

1

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Israel Forks Church

DATE OF BURIAL

Feb 16, 1916

UNDERTAKER

ADDRESS

None