

**NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

Birth No. 132.....

**FEB 8 1955**

**CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. 39-00

REGISTRAR'S CERTIFICATE NO. 10

**1010**

1. PLACE OF DEATH a. COUNTY <b>Granville</b>		b. TOWNSHIP <b>Dutchville</b>		c. LENGTH OF STAY (in this place) <b>0-0-6</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>North Carolina</b> b. COUNTY <b>Rockingham</b>				
d. CITY OR TOWN <b>Butner, N.C.</b>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN <b>no information</b>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/>				
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>State Hospital, Butner, N.C.</b>						d. STREET ADDRESS or R. F. D. NO. <b>no information</b>				
3. NAME OF DECEASED a. (First) <b>Robert</b>			b. (Middle)			c. (Last) <b>Hairston, Sr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1- 6- 55</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>12-8-63</b>		9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>inmate</b>		11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>			12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <b>Henery Hairston</b>			14. MOTHER'S MAIDEN NAME <b>Henrietta Jones</b>			NAME OF HUSBAND OR WIFE <b>Penelope W. Hairston</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <b>N.C. Mrs. Gladys Gray, State Hospital, Butner,</b>						
18. CAUSE OF DEATH Enter only one cause per Line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> <b>4222</b>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>  ANTECEDENT CAUSES DUE TO (b) <b>Senile Myocarditis</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>  <b>over 10 days.</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)		(STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <b>12-30-</b> 19 <b>54</b> , to <b>1-6-</b> 19 <b>55</b> , that I last saw the deceased alive on <b>1-6-</b> 19 <b>55</b> and that death occurred at <b>6 p.</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <i>H. Hairston</i>			(Degree or title) <b>M.B.</b>			23b. ADDRESS <b>State Hospital, Butner, N.C.</b>			23c. DATE SIGNED <b>1-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>1-6-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>no information</b>		24d. LOCATION (City, town, or county) (State) <b>no information</b>				
DATE REC'D BY LOCAL REG. <b>1/12/55</b>		REGISTRAR'S SIGNATURE <i>Fred J. ...</i>			25. FUNERAL DIRECTOR <b>Alley Funeral Home, Reidsville, N.C.</b>					