

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

173

1 PLACE OF DEATH

Registration District No. 555-221County LenoirState N.C.Register No. 6Township Harwards Creek

or Village _____

City _____

No. _____

St. _____

Ward _____

2 FULL NAME Elizabeth Matilda Harsley(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs. _____

Mos. _____

D. _____

How long in U. S. if of foreign birth?

Yrs. _____

Mos. _____

D. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 Sex Female4 Color or Race White5 Single, Married, Widowed,
or Divorced (write the word) Married6a If married, widowed, or divorced
Husband of
(or) Wife of Lee Harsley6 Date of Birth (month, day, and year) Feb 10 1856

7 Age

years 73Months 8Days 6If LESS than
1 day, _____ hrs.
or _____ min.

8 Occupation of deceased

(a) Trade, Profession, or
particular kind of work Domestic(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

(c) Name of employer _____

9 Birthplace (city or town) _____

(State or country) Alabama10 Name of Father James Davin

11 Birthplace of Father (city or town) _____

(State or country) Georgia12 Maiden Name of Mother Matilda Goggin

13 Birthplace of Mother (city or town) _____

(State or country) Ga

14

Informant R. W. Harsley
(Address) Lenoir NC

15

Filed 11-2-29Mrs. L. J. Carpenter
REGISTRAR16 Date of Death (month, day, and year) Oct 16 1929

17

I HEREBY CERTIFY, That I attended deceased from

6/6/29, 1929 to Oct 16, 1929that I last saw him alive on Nov 1, 1929

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

re-entrance of tumor

(duration) _____ yrs. _____ mos. _____ ds.

Contributory
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

1. not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? no(Signed) Ch. F. Elliott

M. D.

12 (Address) Lenoir N.C.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal

Date of Burial

Mt. Helicon AlaOct 18 1929

20 Undertaker

Harlick & Buskley

Address

Lenoir NC