

NORTH CAROLINA BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

800

1. PLACE OF DEATH

County Moore Registration District No. 63-51 Certificate No. 5
Tewaship Carthage or Village
City Carthage N.C. No. St. Ward

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME

Wm. M. B. Davant
(a) Residence: No. August 23rd St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bill Clark Davant

6. DATE OF BIRTH (month, day, and year) April 16 - 1871

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 65 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. construction foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 22, 1936 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Dillonville S. C. (State or country)

13. NAME Chas Davant

14. BIRTHPLACE (city or town) Allendale Co. S. C. (State or country)

15. MAIDEN NAME Mary Gostick

16. BIRTHPLACE (city or town) Allendale Co. S. C. (State or country)

17. INFORMANT Charles Davant (Address) Carthage N.C.

18. BURIAL, CREMATION, OR REMOVAL Place Beas Island S.C. 8/25, 1936

19. UNDERTAKER Fry & Clark (Address) Carthage N.C.

20. FILED Sept 4, 1936 R. G. Fry REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1936 to Aug 23, 1936 I last saw him alive on Aug 23, 1936 death is said to have occurred on the date stated above, at 1:10 A. M.

The principal cause of death and related causes of importance in order of onset were as follows: nitral insufficiency Date of onset

Contributory causes of importance not related to principal cause: none as known

Name of operation none date of What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Chas J. Strick M. D. (Address) Carthage N.C.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.