

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NOV 6 - 1962
NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

31585

REGISTRATION DISTRICT NO. 81-00 REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY Rutherford		b. TOWNSHIP High Shoals		c. LENGTH OF STAY (in ls) 60 years		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. b. COUNTY Rutherford				
d. CITY OR TOWN Caroleen, N.C.		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN Caroleen		Is Place of Residence In City Limits? On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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						d. STREET ADDRESS or R. F. D. NO.				
3. NAME OF DECEASED (Type or Print) Doctor Garfield Francis			4. DATE OF DEATH 10-11-1962							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-15-1881		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cord Spander			10b. KIND OF BUSINESS OR INDUSTRY Textile		11. BIRTHPLACE (State or foreign country) Rutherford Co., N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME James Perry Francis				14. MOTHER'S MAIDEN NAME Roxana Digh		NAME OF HUSBAND OR WIFE Cora Lee Corner Francis				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 238-03-1421		17. INFORMANT'S NAME AND ADDRESS Mrs. Cora C. Francis Caroleen, N.C.					
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hardened arteries - generalized</u> DUE TO (c) <u>Hypertension - severe</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u> ✓								INTERVAL BETWEEN ONSET AND DEATH <u>about 5 min</u> <u>from onset symptoms</u>		
								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)							
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR - - - - M.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE				
21. I attended the deceased from 1956 to 10-11-1962 and last saw her alive on 10-11-1962. Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge from the causes stated.										
22a. SIGNATURE H. R. Rodford M.D.				22b. ADDRESS Cliffside NC				22c. DATE SIGNED 10/11/62		
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-13-62		23c. NAME OF CEMETERY OR CREMATORY Cool Springs Cem.		23d. LOCATION (City, town, or county) (State) Forest City, N. C.				
24. DATE REC'D BY LOCAL REG. 10-11-62		25. REGISTRAR'S SIGNATURE Irene B. Lane, M.D.				26. FUNERAL DIRECTOR ADDRESS Harrelson R. Chapel Henrietta, N.C.				

DOCTOR GARFIELD FRANCIS

GENDER: MALE
RACE: WHITE
AGE: 81
BIRTH DATE: 15 JAN 1881
BIRTH PLACE: RUTHERFORD, NORTH CAROLINA, UNITED STATES
DEATH DATE: 11 OCT 1962
DEATH LOCATION: CAROLEEN, RUTHERFORD
SPOUSE'S NAME: CORA LEE CORNER FRANCIS
FATHER'S NAME: JAMES PERRY FRANCIS
MOTHER'S NAME: ROXANA DIGH
RESIDENCE: CAROLEEN, RUTHERFORD, NORTH CAROLINA