

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

JACOB HAYES FRANCIS

GENDER: MALE
 RACE: WHITE
 AGE: 73
 BIRTH DATE: 11 JUL 1877
 BIRTH PLACE: RUTHERFORD,
 NORTH CAROLINA, UNITED STATES
 DEATH DATE: 8 DEC 1950
 DEATH LOCATION: AVONDALE,
 RUTHERFORD
 FATHER'S NAME: PERRY FRANCIS
 MOTHER'S NAME: ROXANA DIGH
 RESIDENCE: AVONDALE,
 RUTHERFORD, NORTH CAROLINA

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS									
Birth No. 132 JAN 8 1951		CERTIFICATE OF DEATH				29346			
REGISTRATION DISTRICT No. 8100		REGISTRAR'S CERTIFICATE No. D-759							
1. PLACE OF DEATH a. COUNTY Rutherford b. TOWNSHIP High Shoals c. LENGTH OF STAY (in this place) 35 days			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. b. COUNTY Rutherford						
d. CITY OR TOWN Avondale, N.C. Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			c. CITY OR TOWN Avondale Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
e. FULL NAME OF (If not in hospital or institution, give street address or location) Mill Village									
3. NAME OF DECEASED a. (First) Jacob b. (Middle) Hayes c. (Last) Francis			652			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-11-1877		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Spinning Room Overseer				10b. KIND OF BUSINESS OR INDUSTRY Seer, Cotton Mill		11. BIRTHPLACE (State or foreign country) Rutherford Co. N.C.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Perry Francis				14. MOTHER'S MAIDEN NAME Roxana Digh		17. INFORMANT'S NAME AND ADDRESS Mrs. Lizzie Francis, Avondale, N.C.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 334X			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7 years		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy			ANTECEDENT CAUSES						
DUE TO (b) _____			DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY				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 Nov. 1948 , to Dec. 8, 1950 , that I last saw the deceased alive on Dec. 7, 1950 , and that death occurred 11 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE L. B. Harnell M.D.			(Degree or title)			23b. ADDRESS Caroleen N.C.		23c. DATE SIGNED Dec 9 - 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-10-1950		24c. NAME OF CEMETERY OR CREMATORY Hnerietta & Caroleen		24d. LOCATION (City, town, or country) (State) Caroleen, N.C.			
DATE REC'D BY LOCAL REG. 12-20-50		REGISTRAR'S SIGNATURE Pearl J. Morris Reg.			25. FUNERAL DIRECTOR ADDRESS Handlan Funeral Home, Henric, Va.				

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

FORM 8
Rev. 1/49