

# NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

Dr. Powell

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

21  
**STANDARD CERTIFICATE OF DEATH 296**

1. PLACE OF DEATH  
County Chowan Registration District No. 21-2144 Certificate No. 28  
Township Edenton or Village \_\_\_\_\_  
City Edenton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its Name instead of street and number)  
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 Meliam Bourreo North 630  
(a) Residence: No. 1110 St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. SEX <u>Male</u>	2. COLOR OR RACE <u>White</u>	3. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>6-2-1931</u>	
5a. If married, widowed, or divorced HUSBAND of _____ WIFE of <u>Emma North</u>				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ I last saw him/her alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: _____ Date of onset _____	
6. DATE OF BIRTH (month, day, and year) <u>4-2-1861</u>				Principal cause of death and related causes of importance in order of onset were as follows: <u>Paralysis Cerebral Hemorrhage</u>	
7. AGE Years <u>70</u> Months <u>2</u> Days <u>19</u> If LESS than 1 day _____ hrs. _____ or _____ min.				Contributory causes of importance not related to principal cause: <u>(92-1)</u>	
8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. <u>Minister</u>				Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Methodist Church</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
10. Date deceased last worked at this occupation (month and year) <u>7-00</u> 11. Total time (years) spent in this occupation <u>4 1/2</u>				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.	
12. BIRTHPLACE (city or town) <u>Gerrys Jcg</u> (State or country) _____				Manner of injury _____ Nature of injury _____	
13. NAME <u>John H. North</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
14. BIRTHPLACE (city or town) <u>Columbia</u> (State or country) _____				(Signed) <u>Dr. J. A. Powell</u> M. D. (Address) <u>Edenton, N.C.</u>	
15. MAIDEN NAME <u>Martha Dye</u>				18. BURIAL, CREMATION, OR REMOVAL Place <u>Burial</u> Date <u>6/24/31</u>	
16. BIRTHPLACE (city or town) <u>Blackship</u> (State or country) _____				19. UNDERTAKER <u>S. J. ...</u> (Address) _____	
17. INFORMANT <u>Mrs Emma North</u> (Address) <u>Edenton, N.C.</u>				20. FILE <u>75</u> REGISTRAR	

See instructions on back of certificate.

**WILLIAM BOURREO  
NORTH**

GENDER: MALE  
RACE: WHITE  
AGE: 70  
BIRTH DATE: 2 APR 1861  
BIRTH PLACE: GERK CO, SOUTH CAROLINA, UNITED STATES  
DEATH DATE: 21 JUN 1931  
DEATH LOCATION: EDENTON, CHOWAN  
SPOUSE'S NAME: MRS EMMA NORTH  
FATHER'S NAME: JOHN W NORTH  
MOTHER'S NAME: MARTHA DYE

GRANDSON OF PERRY DYE AND  
LETHA FERGUSON.