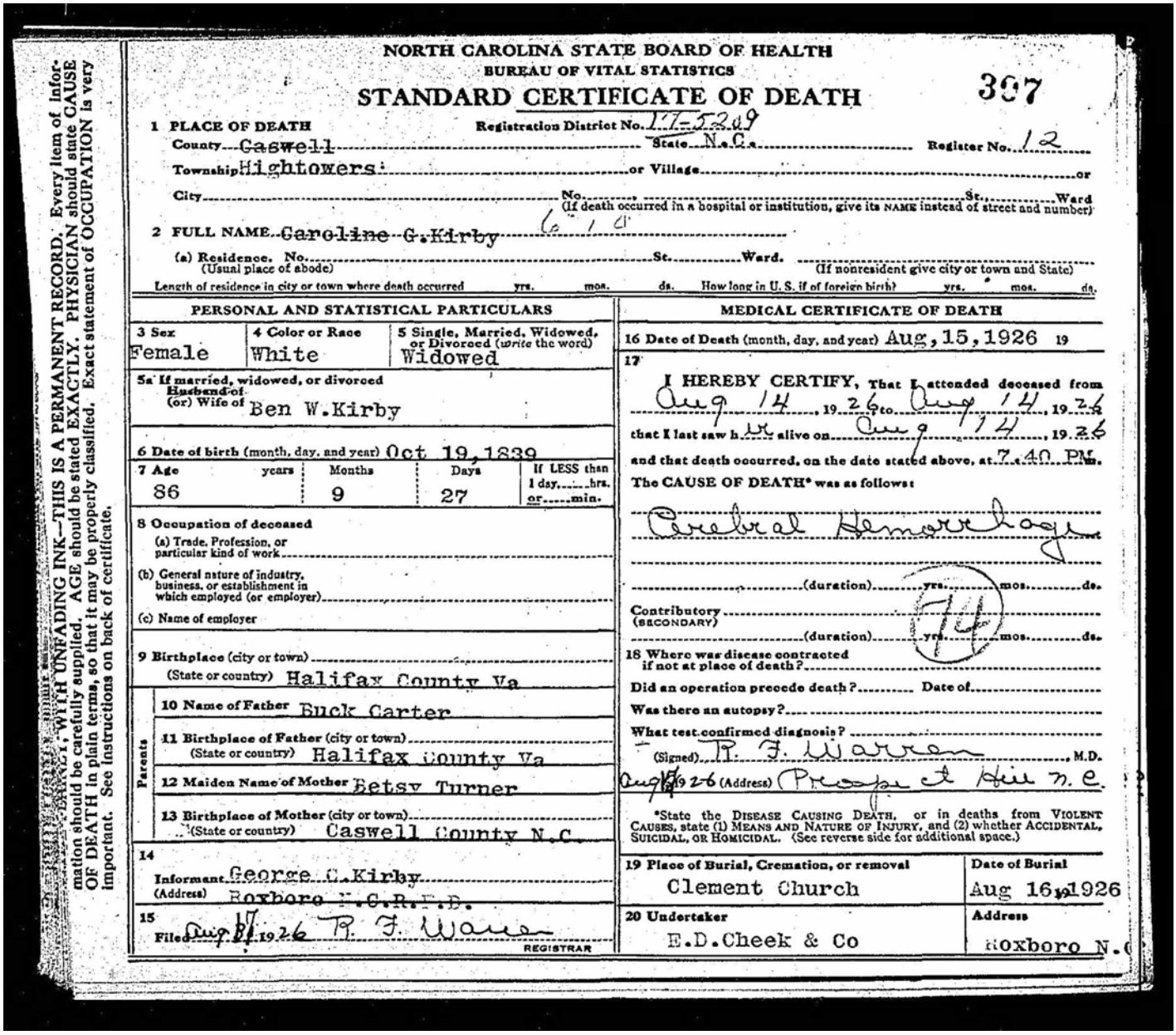

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

397

1 PLACE OF DEATH — Registration District No. 17-5209 — Register No. 12
County Caswell — State N.C. — Township Hightowers — or Village — or City — No. — St. — Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline C. Kirby

(a) Residence. No. — St. — Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
Husband of (or) Wife of Ben W. Kirby

6 Date of birth (month, day, and year) Oct 19, 1839

7 Age	years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
86		9	27	

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work
(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) Halifax County Va

Parents
10 Name of Father Buck Carter
11 Birthplace of Father (city or town)
(State or country) Halifax County Va
12 Maiden Name of Mother Betsy Turner
13 Birthplace of Mother (city or town)
(State or country) Caswell County N.C.

14
Informant George C. Kirby
(Address) Roxboro N.C.R.F.D.

15
Filed Aug 17 1926 R. F. Warren
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Aug, 15, 1926 19

17
I HEREBY CERTIFY, That I attended deceased from Aug 14, 1926 to Aug 14, 1926
that I last saw h. alive on Aug 9 14, 1926
and that death occurred, on the date stated above, at 7.40 PM.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.
Contributory (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R. F. Warren M.D.
Aug 17 1926 (Address) Preaspect Hill 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
Clement Church	Aug 16, 1926
20 Undertaker	**Address**
E.D. Cheek & Co	Roxboro N.C.

IMPORTANT.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

North Carolina, Deaths, 1906-1930 for Buck Carter

Record Index

Name: Buck Carter
Gender: Male
Birth Place: Halifax Co., VA.

Source Information

Record Url: http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=FS1NorthCarolinaDeaths&h=1887987

Source Information: Ancestry.com. *North Carolina, Deaths, 1906-1930* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2014.
Original data: *North Carolina, Deaths, 1906-1930*. Salt Lake City, Utah: FamilySearch, 2013.