

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

424 ✓

PLACE OF DEATH ²⁷
 County Currituck
 Township Frontville
 Town _____
 City _____ (No. _____ St.; _____ Ward)

Registration District No. 27-5336

Certificate No. 4

FULL NAME Walter John Williams ⁴⁵²

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE whit SINGLE, MARRIED, WIDOWED, or DIVORCED widow
 (Write the word)

DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

AGE 45 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work cost guard
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

EDUCATIONAL ATTAINMENTS Limited

BIRTHPLACE Knatts Island

PARENTS NAME OF FATHER Robert Williams
 BIRTHPLACE OF FATHER (State or Country) Knatts Island
 MAIDEN NAME OF MOTHER Rhoda Pudley
 BIRTHPLACE OF MOTHER (State or Country) Knatts Island

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jennie E Williams
 (Address) Manders

Filed 5-29 1923 E. D. Bowden Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1923
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from no physician no attention, 1923
 that I last saw h. _____ alive on _____, 1923
 and that death occurred on the date above stated, at _____ m.

The CAUSE OF DEATH* was as follows:
Don't know
(Died while on leave from hospital)

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) R. Woodhouse M. D.
5/28 1923 (Address) Virginia Beach

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Knatts Island DATE OF BURIAL 5-29 1923

UNDERTAKER W E Moore ADDRESS _____

MARGIN RESERVED FOR FINDING PLAINLY WITH THE CURRITUCK COUNTY BOARD OF HEALTH
 N. B.—Every item of information 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.