

FEB 8 1966

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

392

REGISTRATION DISTRICT NO. 12-00 REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY **Burke**
b. TOWNSHIP **Morganton**
c. LENGTH OF STAY (in 24 hours) **27 days**
d. CITY OR TOWN **Morganton**
e. FULL NAME OF HOSPITAL OR INSTITUTION **Broughton Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **N. C.**
b. COUNTY **Cleveland**
c. CITY OR TOWN **Shelby**
d. STREET ADDRESS or R. F. D. NO. **Lafayette Street**

3. NAME OF DECEASED
First **WALTER** Middle **T. (Unknown)** Last **HAMMETT**

4. DATE OF DEATH **JANUARY 5, 1966**

5. SEX **Male**
6. COLOR OR RACE **White**
7. MARRIED NEVER MARRIED DIVORCED WIDOWED **Retired Bookkeeper**

8. DATE OF BIRTH **Oct. 24, 1879**
9. AGE (In years last birthday) **86** Months **2** Days **11** Hours **2** Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Bookkeeper

11. BIRTHPLACE (State or foreign country) **Inman, S. C.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Alfred M. Hammett**
14. MOTHER'S MAIDEN NAME **Louisa C. Berry**
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. **244-16-2952-A**
17. INFORMANT'S NAME AND ADDRESS **Broughton Hospital Records**

18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **ACUTE MYOCARDIAL INFARCTION**
INTERVAL BETWEEN ONSET AND DEATH **Immediate**

ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
4201 DUE TO (b) **ARTERIOSCLEROTIC CORONARY OCCLUSION**
IMMEDIATE DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
(a) DECUBITUS AREA ON RIGHT HIP & RIGHT HEEL (b) GENERALIZED ENCEPHALOMALACIA WITH MARKED PHYSICAL AND MENSTRUAL DETERIORATION FROM CEREBRAL ARTERIOSCLEROSIS

19. WAS AUTOPSY PERFORMED? **No**

20. TIME MONTH, DAY, YEAR HOUR OF INJURY **12:55 p.m.**
20A. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **at home**

21. I attended the deceased from **April 4, 1956** to **Jan. 5, 1966** and last saw her alive on **January 5, 1966**

22a. SIGNATURE **James E. Ribet** (Type name)
22b. ADDRESS **Broughton Hospital, Morganton**

23. BURIAL CREDITED TO **Burial**
23a. NAME OF CEMETERY OR CREMATORY **Country Cemetery**
23b. LOCATION (City, town, or county) **Inman**
23c. DATE SIGNED **1/5/66**

24. DATE REC'D BY LOCAL HEALTH OFFICER'S SIGNATURE **P. F. K. [Signature]**
24a. DATE **1-7-66**
24b. SIGNATURE OF REGISTRAR **[Signature]**
24c. ADDRESS **Seawright Federal Home S.C.**

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

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.

THIS COPY FOR STATE BOARD OF HEALTH

FORM 9 Rev. 1-66

1-61-150M