

MAR 11 1959

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

5421

REGISTRATION DISTRICT NO. 92-92 REGISTRAR'S CERTIFICATE NO. 136

6095

This is a legal record and will be permanently filed.

3

520

Type or write legibly. Use black ink.

4

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).

FORM 8
Rev. 1-48

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Wake</u>			b. TOWNSHIP			c. LENGTH OF STAY (in la) <u>1 1/2 yrs.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N/C.</u>			b. COUNTY <u>Mecklenburg</u>					
d. CITY OR TOWN <u>Raleigh</u>			Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			c. CITY OR TOWN <u>Charlotte</u>			In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>					
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital</u>						d. STREET ADDRESS or R. F. D. NO. <u>143 Crestwood Ave.</u>											
3. NAME OF DECEASED (Type or Print) First <u>Maude</u> Middle <u>Campbell</u> Last <u>Sams</u>			4. DATE OF DEATH <u>2/8/59</u>			Month			Day			Year					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>4/25/98</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Augusta Georgia</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Albert Sidney Campbell</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Heath</u>				NAME OF HUSBAND OR WIFE <u>Russell Sams</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.				17. INFORMANT'S NAME AND ADDRESS <u>Clinical Records</u>									
18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).												INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY:																	
IMMEDIATE CAUSE (a) <u>Carcinoma of Pancreas</u>																	
ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.																	
DUE TO (b) <u>Peritonitis</u>																	
DUE TO (c) <u>Rupture of gall bladder obstruction due to Carcinoma of Pancreas.</u>																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)												19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)					
20c. TIME OF INJURY				20d. INJURY OCCURRED				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY OR TOWNSHIP COUNTY STATE					
21. I attended the deceased from <u>8/27/57</u> 19 <u>57</u> to <u>2/8/59</u> 19 <u>59</u> and last saw her <u>alive</u> on <u>2/8/59</u> 19 <u>59</u>				Death occurred at <u>11:45 AM</u> on the date stated above; and to the best of my knowledge from the causes stated.													
22a. SIGNATURE <u>Osterman</u> (Degree or title) <u>M.D.</u>						22b. ADDRESS <u>State Hospital, Raleigh, N.C.</u>						22c. DATE SIGNED <u>2/18/59</u>					
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>				23b. DATE <u>2/11/59</u>				23c. NAME OF CEMETERY OR CREMATORY <u>Sherron Mem. Park Cem.</u>				23d. LOCATION (City, town, or county) (State) <u>Charlotte, N.C.</u>					
24. DATE REC'D BY LOCAL REC. <u>FEB 23 1959</u>						REGISTRAR'S SIGNATURE <u>Sherron M.D.</u>						26. FUNERAL DIRECTOR ADDRESS <u>Hankins-Whittington, Charlotte, N.C.</u>					