

NORTH CAROLINA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Birth No. 132.....

REGISTRATION
DISTRICT NO. 42-00REGISTRAR'S
CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY <u>Halifax</u>		b. TOWNSHIP <u>Halifax</u>		c. LENGTH OF STAY (in this place) <u>lie</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>Halifax</u>	
d. CITY OR TOWN <u>Halifax</u>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Halifax</u>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS or R. F. D. No. <u>Rt. 2, Box 159</u>			

3. NAME OF DECEASED		a. (First) <u>Diann</u>		b. (Middle)		c. (Last) <u>Ausby</u>		4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>29</u>		(Year) <u>52</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>9-23-52</u>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 24 HRS Days <u>6</u>		Hours <u></u> Min. <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR IN- DUSTRY		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY?	
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13. FATHER'S NAME <u>John Edward Ausby</u>		14. MOTHER'S MAIDEN NAME <u>Bessie Wallace</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <u>John E. Ausby, Halifax, N. C.</u>	
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18. CAUSE OF DEATH Enter only one cause per Line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mongolism</u>					

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERA- TION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE		(Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11-29, 1952, to 12-29, 1952 that I last saw the deceased
alive on 12-5, 1952 and that death occurred at 9 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. T. J. Taylor</u>		(Degree or title)		23b. ADDRESS <u>Roanoke Rapids, N. C.</u>		23c. DATE SIGNED <u>12-30-52</u>	
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24a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ausby</u>		24d. LOCATION (City, town, or county) (State) <u>near Halifax, N. C.</u>	
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DATE REC'D BY LOCAL REG. <u>12-30-52</u>		REGISTRAR'S SIGNATURE <u>Dr. T. J. Taylor</u>		25. FUNERAL DIRECTOR ADDRESS <u>Coffield Bros., Weldon, N. C.</u>	
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THIS COPY TO REGISTER OF DEEDS ON FIFTH OF MONTH

MARGIN RESERVED FOR BINDING

TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

N. B.—In case of twins or triplets use a separate blank for each child, and number each in the order of birth.

1564

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH—

County Halifax Co. Registration District No. 42-771 Certificate No. 4
 Township Weldon Township or Village _____
 City Weldon N.C. No. _____ St. _____ Ward _____

2. FULL NAME OF CHILD Bessie Aubrey

If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth 1
 6. Premature _____ Full term yes 7. Are parents married? yes 8. Date of birth Jan 17 1937
 (Month, day, year)

9. Full name of FATHER John E. Aubrey 18. Full maiden name of MOTHER Bessie Wallace
 10. Residence (usual place of abode) Weldon Township 19. Residence (usual place of abode) Weldon N.C.
 (If non-resident, give place and State)

11. Color or race Col. 12. Age at last birthday 24 (years) 20. Color or race Col. 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Halifax Co N.C. 22. Birthplace (city or place) Halifax Co N.C.
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farm Shop
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 16. Date (month and year) last engaged in this work Nov 1937 25. Date (month and year) last engaged in this work Nov 1937
 17. Total time (years) spent in this work Life 26. Total time (years) spent in this work Life

27. Number of children of this mother (at time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:4 m. on the date above stated.
 (Born alive or stillborn)

{ WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, ETC., SHOULD MAKE THIS RETURN. }

Given name added from a supplemental report _____ (Date of) _____

(Signed) Dr. L. C. Ivey M. D.

or _____ Midwife

Address Weldon N.C.

Filed Jan 26, 1937 Mr. E. B. Polack

REGISTRAR.

REGISTRAR.

CERTIFICATE OF LIVE BIRTH

REGISTRATION
DISTRICT NO. 42-00REGISTRAR'S
CERTIFICATE NO. _____BIRTH No. 132-
12-29-52

1. PLACE OF BIRTH a. COUNTY Halifax		b. TOWNSHIP Halifax		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE N. C.		b. COUNTY Halifax	
c. CITY OR TOWN Halifax		Is Place of Birth Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN Halifax		Is Place of Res. Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS or R. F. D. NO. Rt. 2, Box 169			
3. CHILD'S NAME (Type or Print)		a. (First) Larry		b. (Middle) Drane		c. (Last) Ausby	
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF BIRTH 9 23 52		(Month) (Day) (Year)	
FATHER OF CHILD							
7. FULL NAME a. (First) John		b. (Middle)		c. (Last) Ausby		8. COLOR OR RACE Negro	
9. AGE (At time of this birth) 40 YEARS		10. BIRTHPLACE (State or foreign country) North Carolina		11a. USUAL OCCUPATION farmer		11b. KIND OF BUSINESS OR INDUSTRY	
MOTHER OF CHILD							
12. FULL MAIDEN NAME a. (First) Bessie		b. (Middle)		c. (Last) Wallace		13. COLOR OR RACE Negro	
14. AGE (At time of this birth) 37 YEARS		15. BIRTHPLACE (State or foreign country) North Carolina		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 10 b. How many OTHER children were born alive but are now dead? 1 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT'S NAME AND RELATION TO CHILD							
I hereby certify that this child was born alive on the date stated above. at A. M. 10:05 P.M.				18a. SIGNATURE Lula Ivey			
18c. ADDRESS P. O. Box 204, Weldon, N. C.				18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify)			
19. DATE REC'D BY LOCAL REG. 10-3-52		20. REGISTRAR'S SIGNATURE Robert F. Young, M.D. AG		18d. DATE SIGNED 9-25-52			
				21. DID MOTHER HAVE BLOOD TEST FOR SYPHILIS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
FOR MEDICAL AND HEALTH USE (This section MUST be filled out)							
22a. LENGTH OF PREGNANCY 39 Weeks		22b. WEIGHT AT BIRTH 10 LBS. OZS.		23. IS MOTHER MARRIED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		HAS MOTHER INSPECTED CERTIFICATE FOR ACCURACY OF INFORMATION? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO.

142-00

REGISTRAR'S
CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY <u>Halifax</u>		b. TOWNSHIP <u>Weldon</u>		c. LENGTH OF STAY (in 1a) <u>45 min.</u>	
d. CITY OR TOWN <u>Halifax</u>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		b. COUNTY <u>Halifax</u> Is Place of Residence c. CITY OR TOWN <u>Halifax</u> In City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		First <u>Baby Girl</u> Middle <u>Nettie</u> Last <u>Ausby</u>		4. DATE OF DEATH <u>5-21-56</u> Month Day Year	
5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-21-56</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>N. C.</u>	
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME <u>John E. Ausby</u>		14. MOTHER'S MAIDEN NAME <u>Bessie Wallace</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <u>father</u>	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mother had short labor. Cord around neck two or three times. Cord pulled loose from placenta when child was born. Cord and placenta appeared normal.</u> DUE TO (c) <u>normal.</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 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 MONTH, DAY, YEAR HOUR OF INJURY M.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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>5-21-56</u> , 19 <u>56</u> , to <u>5-21-56</u> , 19 <u>56</u> , and last saw <u>her</u> alive on <u>5-21-56</u> , 19 <u>56</u> . Death occurred at <u>11:40 a</u> m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>R. B. Blowe, M. D.</u> (Degree or title)		22b. ADDRESS <u>Weldon</u>		22c. DATE SIGNED <u>5-21-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-21-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wallace</u>	
23d. LOCATION (City, town, or county) (State) <u>near Weldon</u>		24. DATE REC'D BY LOCAL <u>5-21-56</u>			
25. REGISTRAR'S SIGNATURE <u>Robert F. Young, M. D./agh</u>		26. FUNERAL DIRECTOR ADDRESS <u>Cofield Bros., Weldon</u>			

THIS COPY TO REGISTER OF DEEDS ON FIFTH OF MONTH
MARGIN RESERVED FOR BINDING
TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

MEDICAL CERTIFICATION

NOT FOR OFFICIAL USE

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1 PLACE OF BIRTH

County

Township

or

Town

or

City

Registration District No.

Certificate No.

St.:

Ward)

(If birth occurs in hospital or other institution, give name of same instead of street number)

2 FULL NAME OF CHILD

3 Boy
Girl4 Twin, triplet,
or other?
(To be answered only in event of plural births)5 Number in order
of birth6 Parents
married?7 Date of
birth

(Name of Month)

(Day)

19 (Year)

8 FULL
NAME

FATHER

14 NAME
BEFORE
MARRIAGE

MOTHER

9 POSTOFFICE
ADDRESS15 POSTOFFICE
ADDRESS

10 COLOR

11 AGE AT LAST
BIRTHDAY
(Years)

16 COLOR

17 AGE AT LAST
BIRTHDAY
(Years)

12 BIRTHPLACE

18 BIRTHPLACE

13 OCCUPATION

19 OCCUPATION

20 Number of children born to this mother, including present birth

21 Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at on the date above stated.

(Hour, a. m. or p. m.)

23 (Signature)

(State whether physician or midwife)

24 P. O.

Given name added from supplemental report

25 Witness

(Signature of witness necessary only when 23 is signed by mark)

26 Filed

27

Local Registrar

Registrar

28 P. O.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.