

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

20879

REGISTRATION NO. 36-80 REGISTRAR'S CERTIFICATE NO. _____

1. PLACE OF DEATH
a. CITY GASTON
b. TOWNSHIP _____
c. LENGTH OF STAY (in hr) 3 DAYS

2. USUAL RESIDENCE (Where deceased lived, if institution, give place before admission)
a. STATE N. C. b. COUNTY MECKLENBURG
c. CITY OR TOWN CHARLOTTE
Is Place of Death Within City Limit? YES NO
In City Limit? YES NO On a Farm? YES NO

3. NAME OF (If not in hospital or institution, give street address or location)
a. HOSPITAL OR INSTITUTION GASTON MEMORIAL HOSP.
d. STREET ADDRESS OF R. F. D. NO. 1327 ELIZABETH AVE.

4. DATE OF DEATH
First Middle Last
JAMES WILLIAM JORDAN
4. DATE OF DEATH Month 12 Day 4 Year 57

6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH JAN. 13, 1908
WIDOWED DIVORCED 9. AGE (In years last birthday) 49
IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10. KIND OF BUSINESS OR INDUSTRY Dist. Co. 11. BIRTHPLACE (State or foreign country) SPARTANBURG CO., S.C.
12. CITIZEN OF WHAT COUNTRY? _____

14. MOTHER'S MAIDEN NAME LILLY MASON NAME OF HUSBAND OR WIFE DOROTHY I. JORDAN

16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S NAME AND ADDRESS Mrs. B. L. JORDAN
1339 W. BLVD., CHARLOTTE, N.C.

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Exsanguination

ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decidual ulcer

DUE TO (c) _____

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 NO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)
20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY OR TOWNSHIP _____ COUNTY _____ STATE _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY OR TOWNSHIP _____ COUNTY _____ STATE _____

21. DECEASED FROM 12-5-57 TO 12-4-57 AND LAST SAW her ALIVE ON 12-3-57
22. OCCURRED AT 2:45 A.M. ON THE DATE STATED ABOVE; AND TO THE BEST OF MY KNOWLEDGE FROM THE CAUSES STATED.

23. DATE SIGNED 12-5-57
24. SIGNATURE (Degree or title) H. E. Tye, M.D. 25. ADDRESS Forest Ave

26. DATE 12-5-57 27. NAME OF CEMETERY OR CREMATORY FOREST LAWN 28. LOCATION (City, town, or county) (State) MECKLENBURG CO., N.C.

29. BY LOCAL 30. REGISTRAR'S SIGNATURE B. M. Drake, D. L. 31. FUNERAL DIRECTOR _____ ADDRESS _____