

THIS COPY TO REGISTER OF DEEDS ON FIFTH OF MONTH
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:
Please write the causes of death clearly and legibly.

B. V. S. FORM 11

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

678

1. PLACE OF DEATH:			Registration Dist. No. <u>96-80</u> Certificate No. <u>16</u>	
(a) County <u>Wayne</u>			2. HOME (USUAL RESIDENCE) OF DECEASED:	
(b) Township _____ (If in town limits, leave blank)			(a) State <u>N.C.</u> (b) County <u>Wayne</u>	
(c) City or town <u>Goldsboro</u> (If outside city or town limits, write RURAL)			(c) City or town <u>Pikeville</u>	
(d) Street, hospital or institution <u>Goldsboro Hospital</u>			(d) Street or R.F.D. <u>Route # 2</u>	
(e) Length of stay in hospital or institution <u>1</u> (Yrs., mos., or days)			(e) Is place of residence in corporate limits? <u>no</u>	
In this community _____ (Yrs., mos., or days)			(f) If foreign born, how long in U.S.A.? _____ years.	
3(a) FULL NAME <u>William Walter Harper, Jr.</u>			MEDICAL CERTIFICATION	
3(b) If veteran, name war _____			20. Date of death <u>December 17, 1947</u> , at <u>12:10 A.M.</u>	
3(c) Social Security No. _____			21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____	
4. Sex <u>male</u>	5. Color or Race <u>white</u>	6(a) Single, married, widowed, or divorced. <u>single</u>	and that I last saw him _____ alive on _____ 19____	
6(b) Name of husband or wife _____			Immediate cause of death _____	
(c) Age of husband or wife if alive _____ years.			Duration _____	
7. Birth date of deceased <u>May 18, 1937</u> (month, day and year)			<u>Fractured skull, fractured pelvis</u>	
8. AGE: <u>11</u> Years	Months _____	Days _____	Due to <u>shock</u>	
If less than one day _____ hrs. _____ mins.			Due to _____	
9. Birthplace <u>Wayne County, N.C.</u> (City, town, or county) (State or foreign country)			Other conditions _____ (Include pregnancy within 3 months of death)	
10. Usual occupation <u>child</u>			Major findings: Of operations _____	
11. Industry or business _____			Of autopsy _____	
12. Name <u>W. W. Harper</u>			22. If death was due to external causes, fill in the following:	
13. Birthplace <u>Duplin County, N.C.</u>			(a) Accident, suicide, or homicide (specify) <u>accident</u>	
14. Maiden Name <u>Elmer Aycock</u>			(b) Date of occurrence <u>December 16, 1947</u>	
15. Birthplace <u>Wayne County, N.C.</u>			(c) Where did injury occur? <u>Wayne County, N.C.</u> (City or town) (County) (State)	
16(a) Informant's Signature <u>W. W. Harper</u>			(d) Did injury occur about home, on farm, in industrial place, in a public place? <u>On country road</u> (Specify type of place)	
(b) Address <u>Pikeville, N. Carolina</u>			While at work? <u>NO</u>	
17(a) <u>Burial</u> (b) Date thereof <u>12-18-47</u> (Burial, cremation, or removal) (Month, day, year)			(e) Means of injury <u>automobiles</u>	
(c) Cemetery <u>Family Cemetery</u>			23. Signature <u>Walter B. Miller, Jr.</u> M.D.	
(d) Location <u>Near Mahunta (Wayne Co.)</u>			Address <u>Goldsboro, N.C.</u> Date signed <u>2-4-48</u>	
18(a) Funeral director <u>Volunteer Fun. Home</u>				
(b) Address <u>Fremont, North Carolina</u>				
19(a) <u>3-6-48</u> Filed				
(b) <u>S.B. McPheeters, M.D.</u> Per BW Registrar				

This is to certify that this is a true and exact copy of

Death Certificate

as appears from

Book 34 Page 628 of the records of this office.

I am the official custodian of the records from which this copy was prepared.

This the 16th day of July, 1980.

NOT VALID WITHOUT
SEAL

MARGARET M. PEACOCK
Register of Deeds
Wayne County, North Carolina

By: Bernice McPherson
Deputy/Assistant Register of Deeds