

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

277

1. PLACE OF DEATH

County Caldwell Registration District No. 19-70 Certificate No. 13
 Township _____ or Village _____
 City Lenoir No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Lou Ellen Setzer 11326
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Setzer

6. DATE OF BIRTH (month, day, and year) Aug. 2, 1863

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
76 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
 (State or country) N. C.

13. NAME James Wesley Shell

14. BIRTHPLACE (city or town) _____
 (State or country) N. C.

15. MAIDEN NAME Lucinda Glass

16. BIRTHPLACE (city or town) _____
 (State or country) N. C.

17. INFORMANT Paul Oliver
 (Address) Route 4, Lenoir, N. C.

18. BURIAL, CREMATION, OR REMOVAL
 Place Littlejohn Date Feb. 22nd, 1940

19. UNDERTAKER Greer Funeral Home, Inc.
 (Address) Lenoir, N. C.

20. FILED March 4, 1940 Mr. H. L. Balick
 REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1940 to Feb 20, 1940
 I last saw her alive on Feb 20, 1940 death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Occlusion Date of onset Feb 16, 1940
Arterio Sclerosis

Contributory causes of importance not related to principal cause:

Name of operation _____ date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Caroline McNairy M. D.

(Address) Lenoir N. C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.