

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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).

THIS COPY FOR STATE BOARD OF HEALTH

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FORM 8 Rev. 1/49

Birth No. 132

AUG 7 1952

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16069

REGISTRATION DISTRICT NO. 2200

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE N.C. b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brasstown
d. STREET ADDRESS (If rural, give location) Brasstown

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) MCCLURE c. (Last) MCCLURE 4. DATE OF DEATH (Month) (Day) (Year) July 23 1952

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Nov 25, 1867 9. AGE (In years last birthday) 76 10. UNDER 1 YEAR 11. UNDER 24 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Union Co. Ga 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Alexander McClure 14. MOTHER'S MAIDEN NAME Martha Johnson

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 Mrs. Henry McClure Brasstown, N.C.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES DUE TO (b) Hypertension & arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 33IX 19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1948 to July 23, 1952 that I last saw the deceased alive on July 23, 1952, and that death occurred at 8:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE L. R. Hester (Degree or title) M.D. 23b. ADDRESS Haystack N.C. 23c. DATE SIGNED 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 26, 1952 24c. NAME OF CEMETERY OR CREMATORY Old Union Baptist Young Men's Assn., Ga 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 31, 1952 REGISTRAR'S SIGNATURE Minnie (T) Couch 25. FUNERAL DIRECTOR Funeral Home ADDRESS Brasstown, N.C.