

STANDARD CERTIFICATE OF DEATH

323

1 PLACE OF DEATH Registration District No. 41-53-2-7  
 County Guilford State NC Register No. 10

Township Long or Village \_\_\_\_\_ of

City Greensboro, N.C. No. 328 Pers St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Biglow

(a) Residence. No. Brown Summit, NC St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 4 Color or Race Colored 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced Husband of Henretta Biglow (or) Wife of \_\_\_\_\_

6 Date of birth (month, day, and year)

7 Age years 78 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8 Occupation of deceased (a) Trade, Profession, or particular kind of work Y. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer Self

9 Birthplace (city or town) Yanceyville, N.C. (State or country)

10 Name of Father Not known

11 Birthplace of Father (city or town) Not known (State or country)

12 Maiden Name of Mother Not known

13 Birthplace of Mother (city or town) Not known (State or country)

14 Informant Henretta Biglow (Address) Brown Summit, NC

15 Filed 7/25 1922 of J. C. Biville REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 6/8 1922

17 I HEREBY CERTIFY, That I attended deceased from August, 1922, to June, 1922 that I last saw him alive on or about June 15th, 1922 and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH\* was as follows: Arterio-sclerosis

(91)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Contributory arterio-sclerosis (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ (Signed) W. B. Moore M.D.

. 19 (Address) Brown Summit

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Poplar Grove Date of Burial 6/19 1922

20 Undertaker Arthur Jones Address Elm St.

## CERTIFICATE OF DEATH

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## 1. PLACE OF DEATH:

(a) County Guilford  
 (b) Township Gilmer  
 (If in town limits, leave blank)  
 (c) City or town Greensboro  
 (If outside city or town limits, write RURAL)  
 (d) Street, hospital or institution 413 Stewart  
 (e) Length of stay in hospital or institution \_\_\_\_\_  
 (Yrs., mos., or days)  
 In this community Greensboro  
 (Yrs., mos., or days)

 Registration Dist. No. 41-95 Certificate No. 598

## 2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N.C. (b) County Guilford  
 (c) City or town Greensboro  
 (d) Street or R.F.D. 413 Stewart St  
 (e) Is place of residence in corporate limits? yes  
 (f) If foreign born, how long in U.S.A.? \_\_\_\_\_ year

## 3(a) FULL NAME

3(b) If veteran,  
name war3(c) Social Security  
No.

4. Sex Female 5. Color or Race Col. 6(a) Single, married, widowed,  
or divorced. Widowed  
 6(b) Name of husband or wife Albert Bigelow  
 (c) Age of husband or wife if alive \_\_\_\_\_ years.

7. Birth date of deceased August 1,  
(month, day and year)8. AGE: Years 85 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hrs. \_\_\_\_\_ mins.9. Birthplace Yanceyville, N.C.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ephraim Leath13. Birthplace N.C.14. Maiden Name Charis Leath15. Birthplace N.C.16(a) Informant's Signature Mrs. Frank Holbrook(b) Address Greensboro, N.C.17(a) Burial (b) Date thereof 11-16-41  
(Burial, cremation, or removal) (Month, day, year)(c) Cemetery White Oak Grove(d) Location Guilford Co., N.C.18(a) Funeral director Wright Funeral Home(b) Address Greensboro, N.C.19(a) 11-17-1941 (b) A. B. Blodorn, M.H.  
Filed Registrar

## MEDICAL CERTIFICATION

20. Date of death 11-18- 19 41, at 9:00 A.M.21. I certify that death occurred on the date above stated; that I attended  
deceased from Sept 4 19 41, to Nov 13 19 41  
and that I last saw her alive on Nov 11 19 41Immediate cause of death Chronic myocarditis Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Similarity Physician \_\_\_\_\_  
(Include pregnancy within 3 months of death) Underline the  
cause to whichMajor findings: \_\_\_\_\_ death should  
Of operations \_\_\_\_\_ be charged  
statistically.

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur about home, on farm, in industrial place, in a public  
place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature W. J. Edwards M.D.  
Address Greensboro Date signed 11-15-41

Please write the causes of death clearly and legibly.

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