

**NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH**

173

1 PLACE OF DEATH Registration District No. 555-721 State N.C. Register No. 16  
 County Lenoir or Village \_\_\_\_\_  
 Township Harwards Creek or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2 FULL NAME Elizabeth Matilda Haraley 624  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (if nonresident give city or town and State)  
 (Usual place of birth) \_\_\_\_\_  
 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 Female 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married  
 6a If married, widowed, or divorced Husband of (or) Wife of Lee Haraley  
 6 Date of Birth (month, day, and year) Feb 10 / 1856  
 7 Age years 73 Months 8 Days 16 If LESS than 1 day, hrs. or min.  
 8 Occupation of decedent  
 (a) Trade, Profession, or particular kind of work Domestic  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9 Birthplace (city or town) (State or country) Alabama  
 10 Name of Father James Davin  
 11 Birthplace of Father (city or town) (State or country) Georgia  
 12 Maiden Name of Mother Matilda Goggin  
 13 Birthplace of Mother (city or town) (State or country) Ga

14 Informant (Address) R. W. Haraley  
Lenoir, N.C.  
 15 Filed 4-24 Mrs. L. J. Carpenter REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Oct 16 1929  
 17 I HEREBY CERTIFY, That I attended deceased from 6/6/29 1929 to Oct 16 1929  
 that I last saw him alive on Nov 1 1928  
 and that death occurred, on the date stated above, at \_\_\_\_\_  
 The CAUSE OF DEATH\* was as follows:  
Pericarditis of liver  
 (duration) 43 yrs. mos. ds.  
 Contributory (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.  
 18 Where was disease contracted  
 1. not at place of death?  
 Did an operation precede death? no Date of \_\_\_\_\_  
 Was there an autopsy? no  
 What test confirmed diagnosis?  
 (Signed) Ch. F. H. H. M. D.  
 12 (Address) Incubated 71

\*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 Date of Burial  
Mt. Hebron Ala Oct 18 1929  
 20 Undertaker Address  
Marlick & Barkley Lenoir, N.C.

Important. See instructions on back of certificate.