

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 8

 NORTH CAROLINA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

376

I. PLACE OF DEATH: (a) County <u>Henderson</u> (b) Township <u>Hoopers Creek</u> <small>(If in town limits, leave blank)</small> (c) City or town _____ <small>(If outside city or town limits, write RURAL)</small> (d) Street, hospital or institution <u>Mountain Jan.</u> (e) Length of stay in hospital or institution <u>4 days</u> <small>(Yrs., mos., or days)</small> In this community _____ <small>(Yrs., mos., or days)</small>		Registration Dist. No. <u>4506</u> Certificate No. <u>16</u> 2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State <u>South Carolina</u> County <u>Charleston</u> (c) City or town <u>Charleston</u> (d) Street or R.F.D. <u>44 S. Battery</u> (e) Is place of residence in corporate limits? <u>Yes</u> (f) If foreign born, how long in U.S.A.? _____ years.	
3(a) FULL NAME <u>Wells, Miss Sebina</u> 3(b) If veteran, name war _____ 3(c) Social Security No. _____			
4. Sex <u>female</u> 5. Color or Race <u>white</u> 6(a) Single, married, widowed, or divorced. <u>Single</u>		MEDICAL CERTIFICATION 28. Date of death <u>June 13</u> 19 <u>43</u> at <u>6:45</u> A.M. 21. I certify that death occurred on the date above stated; that I attended deceased from <u>June 9</u> 19 <u>43</u> , to <u>June 13</u> 19 <u>43</u> , and that I last saw h&w alive on <u>June 13</u> 19 <u>43</u> . Immediate cause of death <u>Possible malignancy of liver.</u> Duration <u>2</u> Due to _____ Due to _____ Other conditions <u>(046)</u> (Include pregnancy within 3 months of death) Major findings: Of operations _____ Of autopsy _____ Physician _____ Underline the cause to which death should be charged statistically.	
6(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years.			
7. Birth date of deceased <u>July 5, 1876</u> <small>(month, day and year)</small>			
8. AGE: Years Months Days If less than one day <u>66</u> <u>11</u> <u>8</u> hrs. min. 9. Birthplace <u>Charleston, S. C.</u> <small>(City, town, or county) (State or foreign country)</small>			
10. Usual occupation _____ 11. Industry or business _____			
FATHER 12. Name <u>Edward L. Wells</u> 13. Birthplace <u>New York City</u>			
MOTHER 14. Maiden Name <u>Anna Mason Smith</u> 15. Birthplace <u>Charleston, S. C.</u>			
16(a) Informant's Signature <u>Mrs. Edward Rutledge</u> (b) Address <u>44 S. Battery, Charleston, S. C.</u>			
17(a) <u>Removal</u> (b) Date thereof <u>June 14, 1943</u> <small>(Burial, cremation, or removal) (Month, day, year)</small> (c) Cemetery <u>Magnolia Cemetery</u> (d) Location <u>Charleston, S. C.</u>		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? _____ <small>(City or town) (County) (State)</small> (d) Did injury occur about home, on farm, in industrial place, in a public place? _____ <small>(Specify type of place)</small> While at work? _____ (e) Means of injury _____	
18(a) Funeral director <u>Thos. Shepherds Fun. Home</u> (b) Address <u>Hendersonville, N. C.</u>			
19(a) <u>June 30, 1943</u> (b) <u>J. R. Leaton</u> Filed Registrar			
23. Signature <u>J. T. Lott</u> M.D. Address <u>Fletcher</u> Date signed <u>6/13/43</u>			