

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

1. PLACE OF DEATH: (a) County <u>Henderson</u> (b) Township <u>Hoopers Creek</u> (c) City or town <u>(If in town limits, leave blank)</u> (d) Street, hospital or institution <u>MOUNTAIN HOME</u> (e) Length of stay in hospital or institution <u>4 days</u> (f) In this community <u>(Yrs., mos., or days)</u>		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> (b) City or town <u>Charleston</u> (c) Street or R.F.D. <u>44 S. Battery</u> (d) Is place of residence in corporate limits? <u>Yes</u> (e) If foreign born, how long in U.S.A.? <u>years</u>
3(a) FULL NAME <u>Wells, Miss Debina</u>		4. Sex <u>Female</u> 5. Color or Race <u>White</u> 6(a) Single, married, widowed, or divorced. <u>Single</u>
3(b) If veteran, name war <u></u>		3(c) Social Security No. <u></u>
6(b) Name of husband or wife <u></u>		6(c) Age of husband or wife if alive <u>years</u>
7. Birth date of deceased <u>July 5, 1876</u> (month, day and year)		8. AGE: <u>66</u> Years <u>11</u> Months <u>8</u> Days <u>0</u> If less than one day hrs. <u>0</u> mins. <u>0</u>
9. Birthplace <u>Charleston, S. C.</u> (City, town, or county) (State or foreign country)		10. Usual occupation <u></u>
11. Industry or business <u></u>		12. Name <u>Edward L. Wells</u>
13. Birthplace <u>New York City</u>		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) Removal <u>Removal</u> (Burial, cremation, or removal) <u>June 14, 1943</u> (Month, day, year)		17(b) Cemetery <u>Magnolia Cemetery</u> (c) Location <u>Charleston, S. C.</u>
18(a) Funeral director <u>Thos. Shepards Fun. Home</u> (b) Address <u>Hendersonville, N. C.</u>		19. Date <u>June 30, 1943</u> (b) <u>J. R. Leatton</u> Filed <u>Registrar</u>
20. Date of death <u>June 13, 1943</u> at <u>6:45 A.M.</u>		
21. I certify that death occurred on the date above stated; that I attended deceased from <u>June 9, 1943</u> to <u>June 13, 1943</u> and that I last saw him alive on <u>June 12, 1943</u>		
Immediate cause of death <u>Possible malignancy of liver</u> Duration <u>2</u>		
Due to <u></u>		
Due to <u></u>		
Other conditions <u>(Include pregnancy within 3 months of death)</u>		
Major findings: <u>Of operations</u>		
Of autopsy <u></u>		
22. If death was due to external causes, fill in the following:		
(a) Accident, suicide, or homicide (specify) <u></u>		
(b) Date of occurrence <u></u>		
(c) Where did injury occur? <u>(City or town) (County) (State)</u>		
(d) Did injury occur about home, on farm, in industrial place, in a public place? <u></u> (Specify type of place)		
(e) While at work? <u></u>		
(e) Means of injury <u></u>		
23. Signature <u>J. R. Leatton</u> M.D. Address <u>Flatbush, N.Y.</u> Date signed <u>6/31/43</u>		