

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

49 STANDARD CERTIFICATE OF DEATH

292

1 PLACE OF DEATH
County Durham Registration District No. 43-5629 State NC Register No. 10
Township Shiloh or Village _____
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A. Byars
(a) Residence No. Enola 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. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a If married, widowed, or divorced Husband of (or) Wife of _____		
6 Date of birth (month, day, and year)		
7 Age	years	Months
<u>76</u>		
8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>Farmer</u> (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) <u>Durham NC</u>		
10 Name of Father <u>Joseph Byars</u>		
11 Birthplace of Father (city or town) (State or country) <u>Durham NC</u>		
12 Maiden Name of Mother <u>Lola Stewart</u>		
13 Birthplace of Mother (city or town) (State or country) <u>Durham NC</u>		
14 Informant <u>W A Byars</u> (Address)		
15 Filed <u>May 4 1922</u> <u>C. T. Morrison</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) April 12 1922

17 I HEREBY CERTIFY, That I attended deceased from April 11 1922 to April 11 1922 that I last saw him alive on April 11 1922 and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:
Acute Influenza

(duration) yrs. mos. 3 da.

Contributory (SECONDARY) (11) (duration) yrs. mos. da.

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) E. E. Little M.D.
. 19 (Address) Sturtevant B + E

*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 <u>New Betham Church</u>	Date of Burial <u>13 1922</u>
20 Undertaker <u>Johnson Dr. C. Sturtevant</u>	Address

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

North Carolina, Death Certificates, 1909-1976 for William A Byers

Record Index

Name: William A Byers
Gender: Male
Race: White
Age: 76
Birth Date: 1846
Birth Place: Iredell
Death Date: 12 Apr 1922
Death Location: Shiloh, Iredell, North Carolina
Father's Name: Joseph Byers
Mother's Name: Tola Stewart

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=NCdeathCerts&h=132099>

Source Information: Ancestry.com. *North Carolina, Death Certificates, 1909-1976* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2007.
Original data: North Carolina State Board of Health, Bureau of Vital Statistics. *North Carolina Death Certificates*. Microfilm S.123. Rolls 19-242, 280, 313-682, 1040-1297. North Carolina State Archives, Raleigh, North Carolina.