

Standard Certificate of Death
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
12419

1. PLACE OF DEATH

County of Harley
 Township of Bayboro
 or
 City of Rt, Galivants
 Home Address Rt, Galivants

Registration District No. 2500
 (No. St. Ward)

Registered No. 24
 (For us of Local Registrar)
 (If death occurred in a Hospital or Institution give its NAME instead of street and number.)
 Residence—
 in City.....Yrs.....Mos.....Days

2. FULL NAME Joseph Preston Alford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Isabella Alford

6. DATE OF BIRTH (Month, day, and year) Sept 01 1898

7. AGE Years 61 Months Days If less than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Galivants, S.C. (State or Country)

13. NAME Arnold Alford

14. BIRTHPLACE (city or town) Galivants, S.C. (State or Country)

15. MAIDEN NAME Martha Floyd

16. BIRTHPLACE (city or town) S.C. (State or Country)

17. INFORMANT R. A. Alford (Address) Rt, Galivants, S.C.

18. BURIAL, CREMATION, OR REMOVAL Place Rehobeth N.E. Date June 25, 1937

19. UNDERTAKER W. M. Halliburton (Address) Kingston, S.C.

20. FILED 8/29 1937 J. B. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... I last saw h..... alive on.....19..... death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Paralytic - Sudden attack - no physician - died before physician was called.

Was pregnancy or childbirth a contributory cause of death?

Contributory causes of importance not related to principal cause: 50-d

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... Where did injury occur?..... (Specify city or town, and state) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed)..... M. D. (Address).....

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCCUPATION
 MOTHER FATHER