

Collection: South Carolina Deaths, 1915-1943

B. V. S. Form 8

Dr. T.O. Walker.
Standard Certificate of Death
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

2165

1. PLACE OF DEATH
County of Greenville.
Township of Chick Springs.
or
City of _____
Home Address Greer Mill.
Greer, S.C.

Registration District No. 2204
(No. 1- Hollis. St. ; _____

Registered No. 11
(For us of Local Registrar)
Ward) (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 Nancy Freeman Brewton.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced, (write the word) Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. T. ~~Brew~~ Brewton.
6. DATE OF BIRTH (Month, day, and year) Nov/28/1878.
7. AGE Years 59 Months 2 Days 18. If less than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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 1938. 11. Total time (years) spent in occupation 57 Years

12. BIRTHPLACE (city or town) (State or Country) S.C.
13. NAME Levi Freeman.
14. BIRTHPLACE (city or town) (State or Country) S.C.
15. MAIDEN NAME Helen Elrod.
16. BIRTHPLACE (city or town) (State or Country) S.C.
17. INFORMANT (Address) J. T. ~~Brew~~ Brewton.
Greer Mill, Greer, S.C.

18. FUNERAL, CREMATION, OR REMOVAL (Address) Mt. View Cemetery. Date Feb/17/1938.
Greer, S.C.

19. UNDERTAKER (Address) The Wood Mortuary Inc.
Greer, S.C.

20. FILED 3-8-38 19 38 L. James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb/15/1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 1935 to Feb 15 1938
I last saw him alive on Feb 15 1938 death is said to have occurred on the date stated above, at 11.30 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary tuberculosis 4 yrs
Date of onset _____

Was pregnancy or childbirth a contributory cause of death? _____

Contributory causes of importance not related to principal cause: 23-a

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) J. O. Walker M. D.
Greer S.C.
(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.