

JUL 15 1970

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATHREGISTRATION DISTRICT NO. 20-00 LOCAL NO. 60

22633 ✓

TYPE, OR PRINT IN  
PERMANENT  
BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST <b>CLIFFORD BRADFORD</b>			2. DATE OF DEATH MONTH DAY YEAR <b>June 7, 1970</b>		
3. SEX <b>male</b>	4. COLOR OR RACE <b>Cau</b>	5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) <b>N.C.</b>	6. DATE OF BIRTH <b>April 11, 1925</b>	7. AGE IN YEARS LAST BIRTHDAY <b>45</b>	8. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. <b>0 0 0 0</b>
9a. COUNTY <b>Yancey</b>		9b. CITY OR TOWN <b>Burnsville</b>	9c. STATE <b>N.C.</b>	9d. COUNTY <b>Yancey</b>	
10. NAME OF HOSPITAL OR INSTITUTION <b>Route 4</b>		10b. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>No</b>	10c. CITY OR TOWN <b>Burnsville</b>		
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Cecile Cooper</b>		11. STREET ADDRESS OR R.F.D. No. <b>Route 4</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. SOCIAL SECURITY NUMBER <b>237 34 8908</b>		14. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Farming</b>	
15. FATHER'S NAME <b>Oscar Bradford</b>			16. MOTHER'S MAIDEN NAME <b>Ida Mae Randolph</b>		
17. INFORMANT'S NAME AND ADDRESS <b>Cecile C. Bradford, Rt. 4, Burnsville, N.C.</b>					

STATE BOARD  
OF HEALTH  
COPY8160  
CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE	<b>Extensive Fractures of Skull + Neck</b>	<b>at once</b>
(b) DUE TO, OR AS A CONSEQUENCE OF	<b>Crushing of Head</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF	<b>Automobile accident</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19b. AUTOPSY? (YES OR NO) <b>No</b>
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>Accident</b>	20. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <b>Car ran off road + over a bank + down 50 feet</b>	19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>(Driver)</b>
20a. TIME OF INJURY MONTH DAY YEAR HOUR <b>06-07-70 10 P.M.</b>	20b. INJURY AT WORK (SPECIFY YES OR NO) <b>No</b>	20c. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>Road</b>
20d. CITY OR R.F.D. <b>R.F.D.</b>	20e. COUNTY <b>Yancey</b>	20f. STATE <b>N. Car.</b>
21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19____ AND LAST SAW HIM/HER ALIVE ON _____ 19____ DEATH		22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE, CAUSED BY STATED
21. OCCURRED AT _____ M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		22. ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT <b>10:00 P.M.</b> ON <b>Jun 7, 70</b>
23a. SIGNATURE OF CERTIFIER <b>W. A. Sargent, M.D.</b>	23b. DATE SIGNED <b>06-07-70</b>	23c. ADDRESS <b>Burnsville, N. Car.</b>
24a. BURIAL, CREMATION, OTHER (SPECIFY) <b>Burial</b>	24b. DATE <b>June 10-70</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bradford Cemetery</b>
24d. FUNERAL HOME <b>Holcombe Brothers, Burnsville, N.C.</b>	24e. LOCATION (CITY, TOWN, OR COUNTY) <b>Rt. 4, Burnsville, N.C.</b>	24f. STATE <b>N.C.</b>
25. DATE REC'D BY LOCAL REG. <b>6/20/70</b>	25. SIGNATURE OF REGISTRAR <b>C. W. H. H. H.</b>	25. SIGNATURE OF FUNERAL DIRECTOR <b>Henry W. Holcombe</b>
	25. SIGNATURE OF EMBALMER (EMBALMED) <b>Henry W. Holcombe</b>	25. LICENSE NO. <b>1912</b>
		25. LICENSE NO. <b>1059</b>

FORM 8  
REV. 1-68  
1-68-1524