

STATE BOARD OF HEALTH (DEPARTMENT OF HEALTH AND HUMAN SERVICES)
 STATE OFFICE FOR HEALTH STATISTICS -- P. O. BOX 26186 --
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES STATE OFFICE FOR HEALTH STATISTICS P. O. BOX 26186 RALEIGH, N. C. 27611		COUNTY OF <u>ROWAN</u>	
NAME OF DECEASED <u>Carl Oliver Belmont</u>		DATE OF DEATH <u>Jan 9, 1982</u>	
SEX <u>M</u>		AGE <u>64</u>	
PLACE OF BIRTH <u>Wilmington, NC</u>		DATE OF BIRTH <u>Aug 15, 1917</u>	
OCCUPATION <u>None</u>		CAUSE OF DEATH <u>Myocardial Infarction</u>	
PLACE OF DEATH <u>201 S. Carriker Ave. Salisbury</u>		COUNTY OF DEATH <u>Rowan</u>	
NAME OF PHYSICIAN <u>Dr. James D. Brown</u>		NAME OF HOSPITAL <u>None</u>	
NAME OF SECOND PHYSICIAN <u>None</u>		NAME OF NURSE <u>None</u>	
NAME OF PATHOLOGIST <u>Dr. J. H. ...</u>		NAME OF MORTUARY <u>None</u>	
NAME OF CORONER <u>None</u>		NAME OF FUNERAL HOME <u>None</u>	
NAME OF DECEASED <u>Carl Oliver Belmont</u>		ADDRESS <u>201 S. Carriker Ave. Salisbury, NC 28144</u>	
NAME OF NEXT OF KIN <u>Dr. James D. Brown</u>		ADDRESS <u>201 S. Carriker Ave. Salisbury, NC 28144</u>	
NAME OF DECEASED <u>Carl Oliver Belmont</u>		ADDRESS <u>201 S. Carriker Ave. Salisbury, NC 28144</u>	
NAME OF PHYSICIAN <u>Dr. James D. Brown</u>		NAME OF HOSPITAL <u>None</u>	
NAME OF SECOND PHYSICIAN <u>None</u>		NAME OF NURSE <u>None</u>	
NAME OF PATHOLOGIST <u>Dr. J. H. ...</u>		NAME OF MORTUARY <u>None</u>	
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NAME OF PATHOLOGIST <u>Dr. J. H. ...</u>		NAME OF MORTUARY <u>None</u>	
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**STATE OF NORTH CAROLINA
 ROWAN COUNTY**

I, Judith B. Batts, Deputy Register of Deeds for Rowan County, do hereby certify that the foregoing is a true and correct copy of Death Cert., recorded in this office in Book 32, Page

WITNESS my hand and Official Seal, this 9 day of January

1982 Judith B. Batts
 Judith B. Batts, Deputy Register of Deeds