

88997

MTC-199228

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

## CERTIFICATE OF DEATH

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Registration District No. 011-95 Local No.

Type, or print  
in permanent  
black ink

1. Name of Deceased GOLDIA SALOME TILTON CARLAND		2. Sex FEMALE	3. Date of Death 22 JUNE 1987	
4. Color or Race WHITE	5a. State of Birth (if not U.S.A.) OKLAHOMA	5b. County of Birth ROGER MILLS	6. Date of Birth 15 SEPT. 1908	7. Age (in Years, Last Birthday) 78
8a. Place of Death-County BUNCOMBE	8b. City or Town ASHEVILLE	8c. Name of Hospital or Institution (if not in private home) MEMORIAL MISSION		8d. If Hosp. or Inst. (Specify DXA, Emerg. Rm., Inpatient/OP) IP
9a. Residence - State NC	9b. County BUNCOMBE	9c. City or Town ASHEVILLE	9d. Street and Number or R.F.D. & Box No. 119 CASTLE ROCK DRIVE	
10. Citizen of What Country? USA		11. Married, Never Married, Widowed, Divorced, Separated (Specify) MARRIED	12. Surviving Spouse (if Wife, Give Maiden Name) JAMES H. CARLAND	
13. Social Security Number 298-14-7119		14a. Usual Occupation (Kind of work done during most of life, even if retired) HOMEMAKER	14b. Kind of Business or Industry OWN HOME	15. Was Decedent Ever in U.S. Armed Forces (Yes or No) NO
16. Father's Name ORA DALE TILTON		17. Mother's Maiden Name BERTHA ?		
18a. Informant's Name and Address JAMES H. CARLAND, 119 CASTLE ROCK DRIVE, ASHEVILLE, NC 28806				18b. Relation to Deceased HUSBAND

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		Approximate Interval Between Onset and Death
Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.	(a) Immediate Cause: aplastic anemia	2 weeks
	(b) Due to, or as a consequence of:	
	(c) Due to, or as a consequence of:	
PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I (a).		
20a. Autopsy? (Yes or No) NO	20b. If yes, were findings considered in determining cause of death	21. Was case referred to Medical Examiner (Yes or No) No
22. Time of Death 9:10 A. M.		

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

Name and Title of Certifier (Type or Print) 23a. DR. WILLIAM R. SNODDY		Address 23b. ASHEVILLE, NC	
23c. Signature of Certifier Wm R. Snoddy		Date Signed 23d. 6/26/87	
24a. Burial, Cremation, Other (Specify) BURIAL	24b. Date 6-24-87	24c. Name of Cemetery or Crematory SHEPHERD MEM. PK. CEMETERY	24d. Location (City, Town or County) (State) HENDERSON COUNTY, NC
25. THOS. SHEPHERD & SON, INC., H'VILLE, NC		26. Signature of Funeral Director Thos Shepherd	
27a. Date Rec'd by Local Reg. 6-29-87		27b. Signature of Registrar P. R. ...	
27c. Signature of Embalmer (if embalmed) M. ...		27d. License No. 1180	

North Carolina,  
Buncombe County

I, Clifford W. DeBrall  
Register of Deeds of Buncombe County, do  
hereby certify that the above information is from Volume \_\_\_\_\_ Page \_\_\_\_\_  
of the records  
of Vital Statistics for Buncombe County, North Carolina

Witness my hand and official seal this the 17 day of July, 1987

Register of Deeds

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 7th day  
of July A.D., 1988 at 3:51 o'clock P. M., and duly recorded in Vol. M88  
of Deeds on Page 10671

FEE \$5.00

Evelyn Biehn County Clerk  
By Paulene Mullendore