

Minnie Hampton Doxey

Birth: Apr. 5, 1889
 Death: Oct. 21, 1930

Wife of Leon Doxey

Family links:

Spouse:
[Leon Doxey \(1882 - 1965\)](#)

Burial:

[Alonzo Hampton Cemetery](#)

Barco

Currituck County

North Carolina, USA

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Currituck Registration District No. 27-5335 Certificate No. 3
 Township Prauford or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give the Name instead of street and number)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie L. Doxey
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	3. Single, Married, Widowed, or Divorced (write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>Oct 21 1930</u>	
24. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Leon Doxey</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>July 1930</u> to <u>Oct 21 1930</u> I last saw <u>her</u> alive on <u>Oct 21 1930</u> death is said to have occurred on the date stated above, at <u>11 P.M.</u> The principal cause of death and related causes of importance in order of importance were as follows: _____ Date of onset _____	
5. DATE OF BIRTH (month, day, and year)	2. AGE Years <u>41</u> Months <u>6</u> Days <u>16</u> IF LESS than 1 day, _____ hrs. or _____ min.	6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Domestic</u>		The principal cause of death and related causes of importance in order of importance were as follows: <u>Ulcer of Stomach</u>	
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				Contributory causes of importance not related to principal cause: <u>unknown</u>	
8. Date deceased last worked at this occupation (month and year) _____				9. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>Currituck Co.</u>					
13. NAME <u>Alonzo Hampton</u>					
14. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>					
15. MAIDEN NAME <u>Louisa Brown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>					
17. INFORMANT <u>Kevin Doxey</u> (Address) <u>Wingfield, N.C.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wingfield, N.C.</u> Date <u>Oct 23 1930</u>					
19. UNDERTAKER <u>J. H. Ziegler & Son</u> (Address) <u>E. City, N.C.</u>					
20. FILED _____ IS _____ 244 Powell REGISTRAR					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ Where did injury occur? _____ (Specify city or town, county, 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) <u>W. T. Griggs</u> M. D. (Address) <u>Poplar Branch, N.C.</u>					

MARGIN RESERVED FOR SIGNING

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



MINNIE
HAMPTON

WIFE OF

LEON DOXEY

APR. 5, 1889

OCT. 21, 1930

A sleep in Jesus Blessed
Sleep from which none
ever wake to weep.