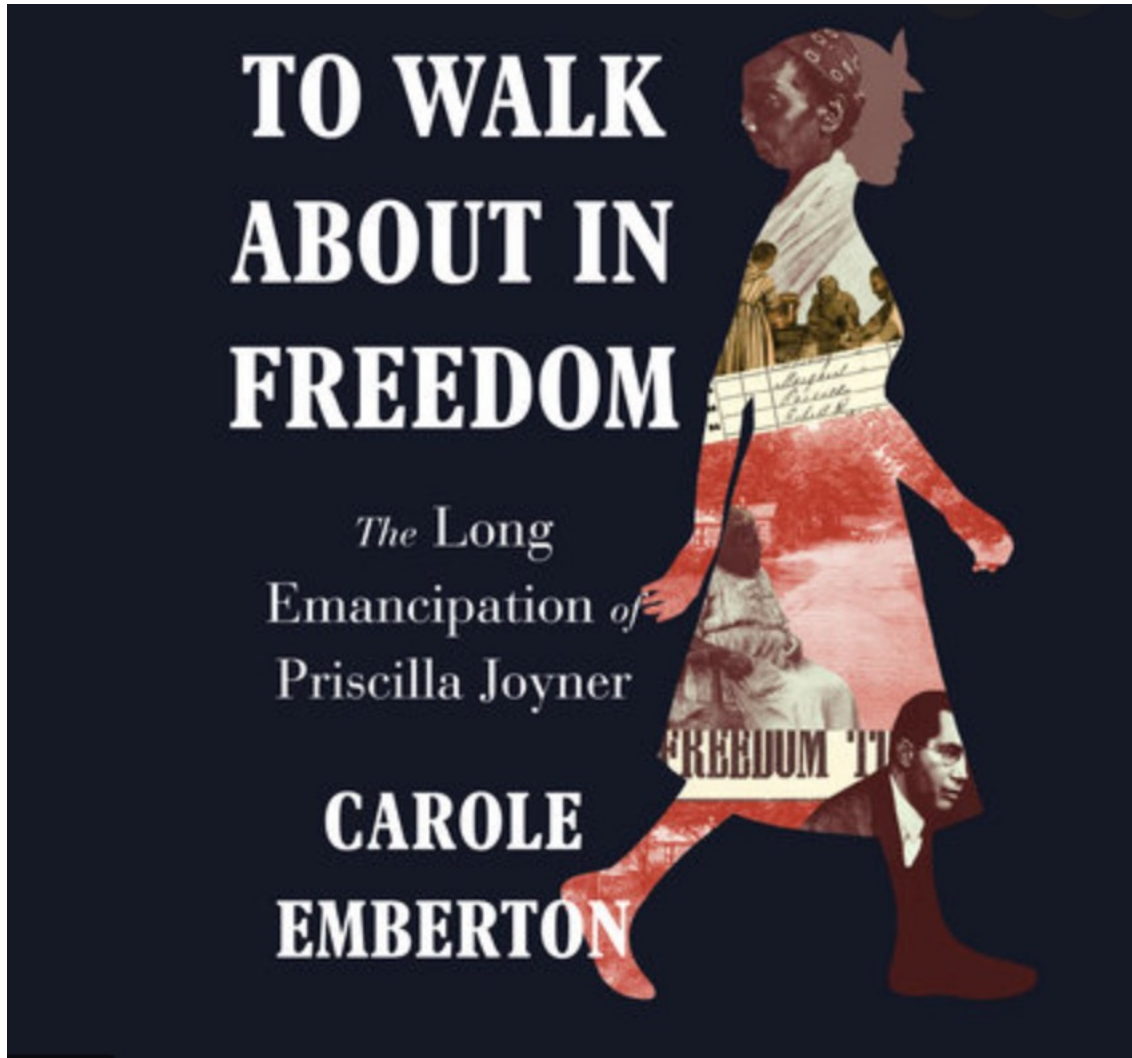


“What historians are most in need of today is not so much unfettered imagination as disciplined imagination.”

-Paula Fass, “Social History/Cultural History: Some Reflections on a Continuing Dialogue” (2003)



Sierra Leone Public Archive, Freetown, Sierra Leone



Courtesy of Kartikay Chadha/Visual Analytics Laboratory, OCAD University



National Archives (Washington, DC)

1860 Census – Dortches, Nash County, NC

Household of Ricks Joyner, his wife Ann Liza, & their children

29	1388	1399	Ricks Joyner	30	M		Farmer	600	200								29
30			Ann Liza "	23	F								1				30
31			Mourning "	5	F												31
32			Margaret "	4	F												32
33			Priscilla	2	F	M											33
34			Robert R	8	M												34



House c. 1901, Second Ave., Suffolk, Va.

WRITE FAIRLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of
 should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
 OCCUPATION is very important.

Permit No. HEALTH DEPARTMENT---CITY OF SUFFOLK, VIRGINIA

7904

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 101

City of Suffolk (No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME *David Joyner*

(Length of Residence in Suffolk *20* Yrs. _____ Mos. _____ Days)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *colored* 5. Single *Single*
 Married Widowed or Divorced (Write the word)

6. DATE OF BIRTH *1891*, 1
 Month _____ Day _____ Year _____

7. AGE *20* yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION (a) Trade, profession, or particular kind of work *Common labor.*
 (b) General nature of industry, business, or establishment in which employed, or employer

9. BIRTHPLACE *Suffolk, City.*
 State or Country

10. NAME OF FATHER *Lewis Joyner.*

11. BIRTHPLACE OF FATHER *North Carolina.*
 State or Country

12. MAIDEN NAME OF MOTHER *Priscilla Backlov.*

13. BIRTHPLACE OF MOTHER *North Carolina.*
 State or Country

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant *Lewis Joyner*
 Address *Suffolk Va.*

15. Filed *June 16, 1912* *Seewhite*

REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 15, 1912*
 Month _____ Day _____ Year _____

17. I HEREBY CERTIFY, That I attended deceased from *about Apr 15, 1912*, to *June 15, 1912*

that I saw him alive on *about Apr 15, 1912* and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:
Pulmonary T. B.

Duration _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

Duration _____ yrs. _____ mos. _____ ds.

Signed *Seewhite* M. D.
June 17, 1912 Address *Suffolk Va*

*State the Disease Causing Death, or, in deaths from Violent Causes, state [1] Means of Injury; and [2] whether Accidental, Suicidal, or Homicidal.

18. LENGTH OF RESIDENCE [For Hospitals, Institutions, Transients, or Recent Residents]

At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

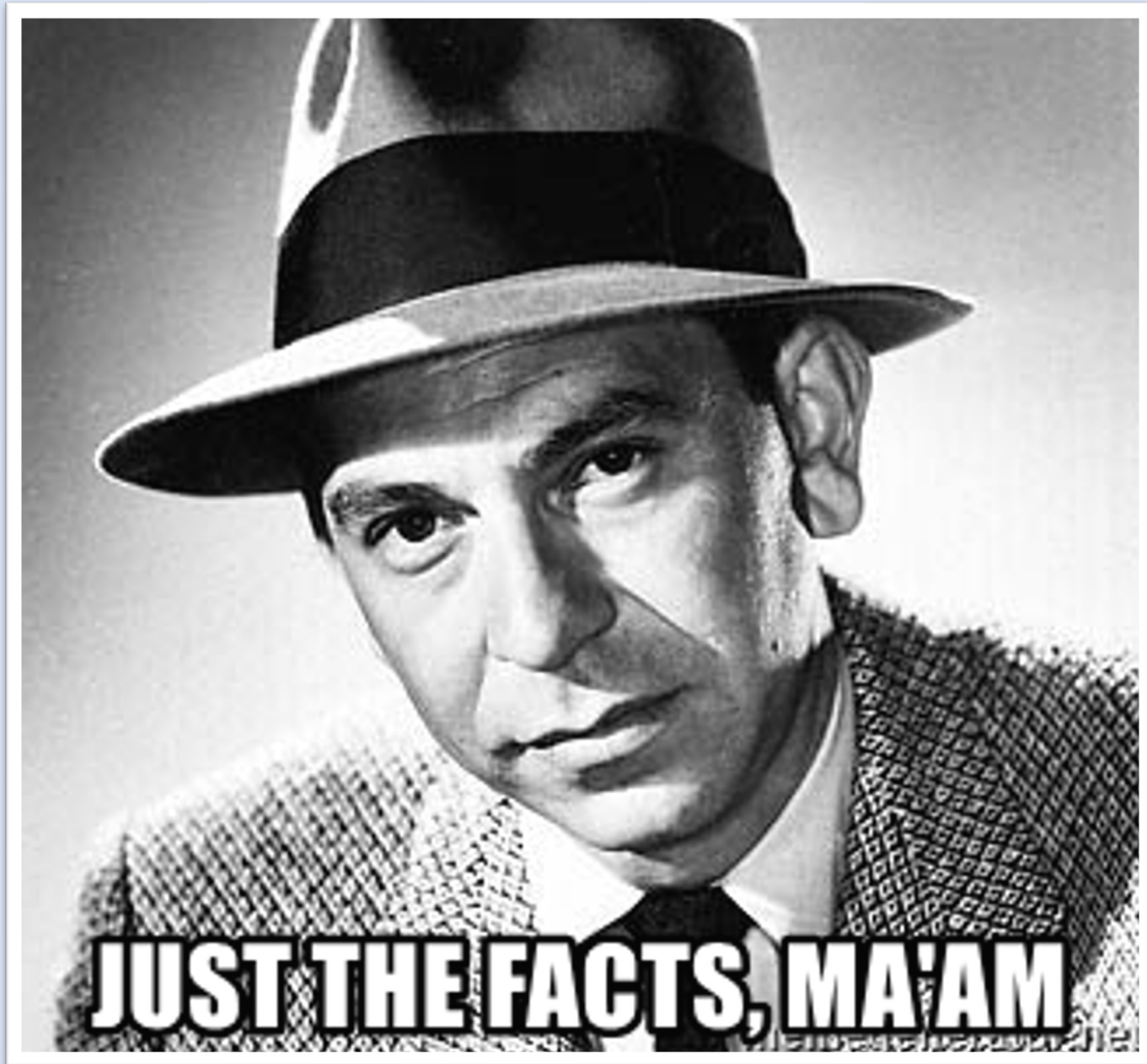
Where was disease contracted, if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL *Oak Lawn Cemetery* DATE OF BURIAL *June 17, 1912*

20. UNDERTAKER *W. H. Crocker* ADDRESS *Suffolk, Va.*

Death certificate for David Joyner, 1912



Further reading ...

