

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

1055

FEB 8 1971
REGISTRATION DISTRICT NO. 31-00 LOCAL NO. _____

TYPE OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED Addie Dunn Blizzard		2. DATE OF DEATH 1-25-71	
3. SEX Female	4. COLOR OR RACE White	5. STATE OF BIRTH N.C.	6. DATE OF BIRTH 11/9/1896
7. PLACE OF DEATH COUNTY Duplin CITY OR TOWN Kenansville STATE N.C. COUNTY Duplin		8. USUAL RESIDENCE COUNTY Duplin CITY OR TOWN Beulaville STATE N.C.	
9. NAME OF HOSPITAL OR INSTITUTION Duplin Gen. Hosp.		10. INSIDE CITY LIMITS Yes	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		12. SURVIVING SPOUSE Rtl	
13. U.S.A.		14. HOUSEWIFE	
15. FATHER'S NAME Benjamin Dunn		16. MOTHER'S MAIDEN NAME Callie Jones	
17. INFORMANT'S NAME AND ADDRESS Mrs. C.O. Chestnutt, Magnolia, N.C.			

DECEASED

RELATIVES

CAUSE

CERTIFIER

BURIAL

PART I. DEATH CAUSED BY. (WRITE ONLY ONE CAUSE PER LINE FOR 18, 19, 20)

18. *Cerebral Vascular Accident*

19. *Senile Dementia, Terminal Heart Disease*

20. *Senile Dementia, Terminal Heart Disease*

PART II. OTHER SIGNIFICANT CONDITIONS, CONSIDERING AS FACTS IF NOT BELONGING TO CAUSE GIVEN IN PART I

21. OCCURRED AT *Home* ON THE DATE STATED ABOVE, AND IN AN OPINION FROM THE CAUSE STATED.

22. ABOVE THE OCCURRENCE WAS PROMOTED OR CAUSED BY _____

CERTIFICATION - PHYSICIAN: I AFFIRMED THE DECEASED FROM *1-25-71* TO *1-25-71* AND LAST SAW HER ALIVE ON *1-25-71*

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 CAUSE(S) STATED.

23. SIGNATURE OF CERTIFIER: *Shirley B. Blythe* DATE SIGNED: *1-27-71* ADDRESS: *Chapel Hill, N.C.*

24. BURIAL, CREMATION, OTHER: **Burial** DATE: **1/26/71** NAME OF CEMETERY OR CREMATORY: **Baker-Blizzard Fam. Cem.** LOCATION: **Beulaville, N.C.**

25. FUNERAL HOME: **Edgerton Funeral Home, Wallace, N.C.** SIGNATURE OF FUNERAL DIRECTOR: *James H. Haddock* LICENSE NO.: **1994**

26. DATE REC'D BY LOCAL REG.: **2-2-71** SIGNATURE OF REGISTRAR: *Baby C. Kermesey, Dir. Reg.* SIGNATURE OF EMERALD: *Darryl E. Roney* LICENSE NO.: **1329**

STATE BOARD OF HEALTH COPY

4211

1-25-71