

APR 10 1959

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

6528

REGISTRATION DISTRICT NO. 3100

REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY Duplin-Kenansville		b. TOWNSHIP	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Duplin	
4. CITY OR TOWN Kenansville		c. CITY OR TOWN Kenansville		3. LENGTH OF STAY (in 1a)
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		4. STREET ADDRESS or R. F. D. NO.		
3. NAME OF DECEASED (Type or Print) Aldon Smith		6. DATE OF DEATH March 29, 1959		5. SEX Male
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 5-17-1880		9. AGE (In years last birthday) 78
10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Duplin Co., N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Seth David Smith		14. MOTHER'S MAIDEN NAME Elizabeth Sullivan		NAME OF HUSBAND OR WIFE Mary Benson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 239-60-7706		17. INFORMANT'S NAME AND ADDRESS Perry Smith, Warsaw, N.C.
18. CAUSE OF DEATH: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vascular Heart Disease ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO VENEREAL DISEASE (CONSIDERED COVERED IN PART I (a)) F221 ✓				INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)		
20c. TIME OF INJURY		20d. INJURY OCCURRED		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21. I attended the deceased from 2/18/59 to 3/27/59 and last saw him alive on 3/29/59		22a. SIGNATURE G. W. ...		
23a. BURIAL OR MA-TION REMOVAL (Specify) Burial		23b. DATE 3-31-59		23c. NAME OF CEMETERY OR CREMATORY Sarecta Freewill Baptist Church-Duplin Co. N.C.
24. DATE REC'D BY LOCAL REG. 4-4-59		25. REGISTRAR'S SIGNATURE John T. Fowers M.D.		26. FUNERAL DIRECTOR ADDRESS Quinn-McGowen Co., Inc. Warsaw, N

This is a legal record and will be permanently filed.

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Type or write legibly. Use black ink.

All items must be complete and accurate

THIS COPY FOR STATE BOARD OF HEALTH

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

FORM 8
Rev. 1-58