

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

AUG 7 1974

REGISTRATION DISTRICT NO. 31-00 LOCAL NO.

23847

TYPE OR PRINT IN PERMANENT BLACK INK

NAME OF DECEASED 1. Archie Louis Dunn		DATE OF DEATH July 10, 1974	
SEX 3. Male	COLOR OR RACE 4. White	PLACE OF BIRTH 5. N. C.	DATE OF BIRTH 6. Dec. 7, 1934
PLACE OF DEATH COUNTY 7. Duplin		CITY OR TOWN 8. Kenansville	STATE 9. N. C.
NAME OF HOSPITAL OR INSTITUTION 10. Duplin General Hospital		CITY OR TOWN 11. Albertson	INSIDE CITY LIMITS 12. Yes
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 13. Divorced		STREET ADDRESS OR R.F.D. NO. 14. RFD 1	
CITIZEN OF WHAT COUNTRY 15. USA		SOCIAL SECURITY NUMBER 16. 237-52-4063	USUAL OCCUPATION 17. Carpenter
FATHER'S NAME 18. A. K. Dunn		MOTHER'S MARRIED NAME 19. Arrie Whitman	
INFORMANT'S NAME AND ADDRESS 20. Mr. A. K. Dunn, Rt. 1, Albertson, N. C.			

STATE BOARD OF HEALTH COPY

PART I. DEATH CAUSED BY: 21. Strangulation due to Alcoholism & Aspiration Vomitus		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 22. Immediate
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL FACTORS 23. {		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS 24. ACCIDENT, SUICIDE, HOMICIDE, OR UNDESIGNED INJURY		25. WHETHER DEATH DURING OCCURRENCE OF THESE CONDITIONS 26. No
27. TIME OF DEATH 28. 7:25 P.M.	29. PLACE OF DEATH 30. Oak Ridge Mem. Park	31. CITY OR TOWN 32. Pink Hill

CERTIFY

CERTIFICATION—PHYSICIAN 33. I AFFIRMED THE DECEASED DIED ON July 10, 1974		CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER 34. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, BY MY OFFICE, DEATH WAS DUE TO THE CAUSE(S) STATED	
35. DECEASED AT 7:25 P.M. ON THE DATE SHOWN ABOVE AND IN MY OFFICE FROM THE CAUSE(S) STATED		36. SIGNATURE OF PHYSICIAN 37. Kenneth W. Byrnes	
38. SIGNATURE OF PHYSICIAN 39. Kenneth W. Byrnes		40. DATE SIGNED 41. 7-16-74	42. ADDRESS 43. P.O. Box 499, Kenansville, N.C.

REGISTRY

44. BURIAL, CREMATION, OTHER 45. Burial	46. DATE 47. 7-12-74	48. NAME OF CEMETERY OR CREMATORY 49. Oak Ridge Mem. Park	50. LOCATION 51. Pink Hill
52. FUNERAL HOME 53. Community Funeral Home, Inc., Warsaw, N.C.		54. SIGNATURE OF FUNERAL DIRECTOR 55. [Signature]	56. LICENSE NO. 57. 1538
58. DATE RECD BY LOCAL REG. 59. 7-23-74	60. SIGNATURE OF REGISTRAR 61. Joe Costin (gk)	62. SIGNATURE OF EXAMINER 63. [Signature]	64. LICENSE NO. 65. 898