

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

14546

STANDARD CERTIFICATE OF DEATH

84

1 PLACE OF DEATH Duplin 31-2217 State NC Registrar No. 6
 County Duplin or Village _____
 Township Warsaw or Village _____
 City Warsaw No. _____ St. _____ Word _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME Arthur Preston Deum 500
 (a) Residence No. _____ St. _____ Word _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex boy 4 Color or Race white 5 Single, Married, Widowed, or Divorced (write the word) single

6a If married, widowed, or divorced
 Husband of _____
 (or) Wife of _____

6 Date of Birth (month, day, and year) 1917 May 29

7 Age years 3 Months 11 Days 17 If LESS than 1 day, hrs. _____ min. _____

8 Occupation of Deceased
 (a) Trade, Profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 Birthplace (city or town) Warsaw NC
 (State or country)

10 Name of Father Preston W. Deum

11 Birthplace of Father (city or town) Johnson Co.
 (State or country)

12 Maiden Name of Mother Corisiah Eggeles

13 Birthplace of Mother (city or town) Warsaw
 (State or country)

14 Informant Preston Deum
 (Address) Warsaw NC

15 Filed July 3, 1920 Wm. R. Honeycutt
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) May 13 1920

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1920, to May 12, 1920
 that I last saw him/alive on May 12, 1920
 and that death occurred, on the date stated above, at 4 P.M.
 The CAUSE OF DEATH* was as follows:
Diarrhoeal illness & acute Indigestion
 (duration) 4 hrs. _____ ds. _____

Contributory (secondary) _____ (duration) _____

18 Where was disease contracted Home of dea
 if not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? _____
 (Signed) M. D. Tucker M. D.
Warsaw

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal _____ Date of Burial May 14 1920

20 Undertaker Geo. A. Parks Address Warsaw NC

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.