

DEC 8 1958

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 31-00 REGISTRAR'S CERTIFICATE NO.

29644

This is a legal record and will be permanently filed.

500  
Type or write legibly. Use black ink.

All items must be complete and accurate.

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).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Duplin - Warsaw</u>		b. TOWNSHIP		c. LENGTH OF STAY (In 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
d. CITY OR TOWN <u>Warsaw</u>		In Place of Death Within City Limits YES <input type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN <u>Warsaw</u>		In Place of Residence In City Limits YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a Farm YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. STATE <u>N.C.</u> g. COUNTY <u>Duplin</u>	
3. FULL NAME OF (If not in hospital or institution, give street address or location)						4. STREET ADDRESS or R. F. D. NO.					
5. NAME OF DECEASED (Type or Print) <u>De Leon Monroe Burr</u>						6. DATE OF DEATH <u>Nov. 14, 1958</u>					
7. SEX <u>male</u>		8. COLOR OR RACE <u>white</u>		9. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		10. DATE OF BIRTH <u>May 1, 1905</u>		11. AGE (In years last birthday) <u>53</u>		12. IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet maker</u>				14. KIND OF BUSINESS OR INDUSTRY				15. BIRTHPLACE (State or foreign country) <u>Wayne Co. N.C.</u>		16. CITIZEN OF WHAT COUNTRY?	
17. FATHER'S NAME <u>P. U. Burr</u>				18. MOTHER'S MAIDEN NAME <u>Cornelia Elizabeth Ezzelle</u>				19. NAME OF HUSBAND OR WIFE			
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>				21. SOCIAL SECURITY NO.				22. INFORMANT'S NAME AND ADDRESS <u>Ernie Jaddock, Warsaw, N.C.</u>			
23. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).										INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>										<u>5 min.</u>	
ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) <u>Arteriosclerotic Cardio-vascular Disease</u>										<u>5 years</u>	
DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										24. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>4201 ✓ Bronchopneumonia</u>											
25. ACCIDENT SUICIDE HOMICIDE				26. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)							
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
27. TIME OF INJURY		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		29. CITY OR TOWNSHIP		30. COUNTY		31. STATE			
OF INJURY		M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
21. I attended the deceased from <u>Nov. 13, 1958</u> to <u>Nov. 14, 1958</u> and last saw him alive on <u>Nov. 13, 1958</u>											
Death occurred at <u>12:15 A.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.											
22. SIGNATURE <u>Otto S. Matthews, M.D.</u> (Degree or title)						23. ADDRESS <u>Warsaw, N.C.</u>			24. DATE SIGNED <u>11-24-58</u>		
25. BURIAL CREMATION REMOVAL (Specify)		26. DATE		27. NAME OF CEMETERY OR CREMATORY		28. LOCATION (City, town, or county)		29. STATE			
<u>Burial</u>		<u>11-16-58</u>		<u>Pinecrest</u>		<u>Warsaw, N.C.</u>					
30. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE				31. REGISTRAR'S SIGNATURE				32. VITAL DIRECTOR'S ADDRESS			
<u>11/26/58</u>				<u>John T. ...</u>				<u>... - ... - ...</u>			

FORM 8  
Rev. 1-58