

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

N.C.S.—Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

4311

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Duplin Registration District No. 31-5344
 County Duplin State N.C. Registrar No. 13
 Township Warrenton or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Elisha Danner No. 500
 (a) Residence No. _____ St. _____ Ward _____
 (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 of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 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) Aug. 10, 1930

7 Age years Months Days If LESS than 1 day, hr. min.
— 1 14 7 _____

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

9 Birthplace (city or town) Kennasville
 (State or country) N.C.

10 Name of Father Marshall B. Danner

11 Birthplace of Father (city or town) Kennasville
 (State or country) N.C.

12 Maiden Name of Mother Mattie Evans Danner

13 Birthplace of Mother (city or town) Hallsville
 (State or country) N.C.

14 Informant A. B. Danner
 (Address) Warrenton, N.C.

15 Filed Oct 15 J. G. Palloors
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 Date of Death (month, day, and year) Oct. 13th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1931 to Oct. 13th 1931
 that I last saw deceased on Oct. 13th 1931
 and that death occurred, on the date stated above, at 7 P.M.
 The CAUSE OF DEATH* was as follows:
Diarrhea & enteritis (114)

Contributory Septicemia (abscess)
 (duration) _____ yrs. mos. ds.

(secondary) _____ (duration) _____ yrs. mos. ds.

18 Where was disease contracted _____
 if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?
Specimen of J. W. Williams, M.D.
Oct. 14, 1931 (Address) Warrenton, N.C.

*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 Secreta Cemetery Date of Burial Oct. 14th 1931

20 Undertaker H. H. Wood Address Warrenton, N.C.
Collie Wood