

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

7.5.24

223

1 PLACE OF DEATH
County Jones State _____ Registrar No. _____
Township Beaver Creek or Village _____
City _____ No. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Ketille D. Duvall 500
(a) Residence No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3 Sex <u>Female</u>	4 Color of Race <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
6a If married, widowed, or divorced Husband of _____ (or) Wife of _____		
7 Date of Birth (month, day, year) <u>March 9</u>		
8 Age <u>18</u> yrs. Months _____ Days _____	9 If LESS than 1 day _____ hrs. or _____ min.	
10 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>Domestic</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
11 Birthplace (city or town) (State or country) <u>Duplin Co. N. C.</u>		
12 Name of Father <u>M. J. Duvall</u>		
13 Birthplace of Father (city or town) (State or country) <u>Duplin Co.</u>		
14 Maiden Name of Mother <u>Ann B. Brock</u>		
15 Birthplace of Mother (city or town) (State or country) <u>Duplin Co.</u>		
16 Informant <u>M. J. Duvall</u> (Address) <u>Box 264 R.F.D. 2</u>		
17 Filed _____ 18 _____ REGISTRAR		

19 Date of Death (month, day, year) March 5 1924

20 I HEREBY CERTIFY, That I attended deceased from Feb 10 1924 to Feb 26 1924, that I had not before alive on Feb 26 1924 and that death occurred, on the date stated above, of _____.

The CAUSE OF DEATH* was as follows:
Septicemia

Contributory (duration) _____
(occasionally) Chronic Bronchitis

21 Where was disease contracted _____
If not at place of death? _____

22 Did an operation precede death? No Date of _____

23 Was there an autopsy? No

What test confirmed diagnosis? Culture

(Signed) J. B. Whitaker M. D.
43 1924 (Address) Winston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Manner and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

24 Place of Burial, Cremation, or removal <u>Duplin Co. N. C.</u>	Date of Burial <u>3/6/24</u>
25 Undertaker <u>D & W. Co.</u>	Signature <u>Wm. T. Co.</u>

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGES 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.