

APR 8 1946

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

58A

CERTIFICATE OF DEATH

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Duplin</u></p> <p>(b) Township <u>Blissan</u> <small>(If in town limits, leave blank)</small></p> <p>(c) City or town <u>Mt. Olive</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street, hospital or institution _____</p> <p>(e) Length of stay in hospital or institution _____ <small>(Yrs., mos., or days)</small></p> <p>In this community _____ <small>(Yrs., mos., or days)</small></p>		<p>Registration Dist. No. <u>3100</u> Certificate No. <u>184</u></p> <p>2. HOME (USUAL RESIDENCE) OF DECEASED:</p> <p>(-) State <u>N.C.</u> (b) County <u>Duplin</u></p> <p>(c) City or town <u>Mt. Olive</u></p> <p>(d) Street or R.F.D. <u># 5</u></p> <p>(e) Is place of residence in corporate limits? <u>No</u></p> <p>(f) If foreign born, how long in U.S.A.? _____ years</p>	
<p>(A) FULL NAME <u>Jannie Smith Dunn</u></p> <p>3(b) If veteran, name war _____ 3(c) Social Security No. _____</p> <p>4. Sex <u>Female</u> 5. Color or Race <u>White</u> 6(a) Single, married, widowed, or divorced <u>Married</u></p> <p>6(b) Name of husband or wife <u>George W.</u></p> <p>(c) Age of husband or wife if alive <u>26</u> years</p> <p>7. Birth date of deceased <u>Nov. 16, 1913</u> <small>(month, day and year)</small></p> <p>8. AGE: Years <u>23</u> Months _____ Days _____ If less than one day hrs. _____ mins. _____</p> <p>9. Birthplace <u>Duplin County</u> <small>(City, town, or county) (State or foreign country)</small></p> <p>10. Usual occupation <u>domestic</u></p> <p>11. Industry or business _____</p>		<p>MEDICAL CERTIFICATION</p> <p>20. Date of death <u>4-18</u> 19<u>46</u> at <u>9:30 P.M.</u></p> <p>21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19<u>46</u> to _____ 19<u>46</u> and that I last saw him alive on <u>April 18</u> 19<u>46</u></p> <p>Immediate cause of death _____</p> <p>Due to <u>Acute Myocardial Infarction</u></p> <p>Due to _____</p> <p>Other conditions _____ <small>(Include pregnancy within 3 months of death)</small></p> <p>Major findings: _____ Of operations _____</p> <p>Of autopsy _____</p> <p>22. If death was due to external causes, fill in the following:</p> <p>(a) Accident, suicide, or homicide (specify) _____</p> <p>(b) Date of occurrence _____</p> <p>(c) Where did injury occur? _____ <small>(City or town) (County) (State)</small></p> <p>(d) Did injury occur about home, on farm, in industrial place, in a public place? _____ <small>(Specify type of place)</small></p> <p>While at work? _____</p> <p>(e) Means of injury <u>Spontaneous</u></p> <p>23. Signature <u>[Signature]</u> M.D. Address <u>Monroeville, N.C.</u> Date signed <u>3-26-46</u></p>	
<p>12. Name <u>Henry Smith</u></p> <p>13. Birthplace <u>Duplin Co.</u></p> <p>14. Maiden Name <u>Alice Pate</u></p> <p>15. Birthplace <u>Duplin Co.</u></p>			
<p>16(a) Informant's Signature <u>George Dunn</u></p> <p>(b) Address <u>Mt. Olive, N.C.</u></p>			
<p>17(a) <u>Burial</u> (b) Date thereof <u>April 19, 1946</u> <small>(Burial, cremation, or removal) (Month, day, year)</small></p> <p>(c) Cemetery <u>French</u></p> <p>(d) Location <u>Sarecta</u></p>			
<p>18(a) Funeral director <u>Jaybelle Funeral Home</u></p> <p>(b) Address <u>Mt. Olive, N.C.</u></p>			
<p>19(a) <u>3-26-46</u> Filed (b) <u>[Signature]</u> Registrar</p>			