

Form No. 132

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Dr. Bane

SEP 9 1955

CERTIFICATE OF DEATH

18809

REGISTRATION DISTRICT NO. *3100* REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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All items must be complete and accurate.

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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 request was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <i>Duplin</i>		b. TOWNSHIP <i>Duplin</i>		c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <i>N.C.</i> b. COUNTY <i>Duplin</i>					
d. CITY OR TOWN <i>Konoville</i>		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN <i>Konoville</i>		In Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. FULL NAME OF (If not in hospital or institution, give street address or location)				4. STREET ADDRESS or R. F. D. NO.							
3. NAME OF DECEASED a. (First) <i>Doctor</i>		b. (Middle) <i>Frank</i>		c. (Last) <i>Landin</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 7 1955</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Aug 8, 1896</i>		9. AGE (In years last birthday) <i>57</i>		10. MONTHS <i>11</i>		11. YEARS <i>30</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Public work and farming</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>N.C.</i>				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Landin</i>						14. MOTHER'S MAIDEN NAME <i>Annie Dunn</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. <i>246-09-1581</i>		17. INFORMANT'S NAME AND ADDRESS <i>Mrs. Frank Landin, Konoville, N.C.</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, aneurism, etc. It means the disease, injury, or complication which caused death. <i>4221</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial pneumonia</i> ANTECEDENT CAUSES DUE TO (a) <i>Catecholatic Coleroidosis</i> <i>Severe Rheumatoid arthritis</i> DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Peptic ulcer</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>6 months</i> <i>10 years</i> <i>6 years</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)				(COUNTY)		(STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <i>June 1951</i> to <i>Aug 1955</i> , that I last saw the deceased alive on <i>July 29 1955</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.											
23a. SIGNATURE <i>Joseph A. Bane M.D.</i>				23b. ADDRESS <i>PINK HILL, N.C.</i>				23c. DATE SIGNED <i>Aug 23, 55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8-8-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Cabin Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Near Beaufort N.C.</i>					
DATE REC'D BY LOCAL REG. <i>8/30/55</i>		REGISTRAR'S SIGNATURE <i>J. H. ...</i>				25. FUNERAL DIRECTOR ADDRESS <i>... - ... Co., ... , N.C.</i>					