

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

150

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Lenoir Registration District No. 64-710 Certificate No. 18-
Township Pink Hill or Village _____ of
City _____ No. _____ Ward _____
(If death occurred in a hospital or institution, give the Name instead of street and number)

Length of residence in city or town where death occurred _____ mo. _____ da. Not long in U. S. if of foreign birth? _____ mo. _____ da.

2. FULL NAME George Elisha Dunn 500
(a) Residence: No. _____ St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF HAIR White 5. Single, Married, Widowed, or Divorced Married
6. If married, widowed, or divorced, HUSBAND or WIFE Sarah Dunn
7. DATE OF BIRTH (month, day, and year) April 1891
8. AGE 42 9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Farmer
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE None
11. DATE DECEASED Dec 13 1931 12. TOTAL TIME (years) 42 13. BIRTHPLACE (city or town) Duplin Co.
14. NAME H. V. Dunn 15. BIRTHPLACE (city or town) Farmers Co.
16. MAIDEN NAME Martha Sylvia 17. BIRTHPLACE (city or town) Duplin Co.
18. INFORMANT M. B. Dunn 19. BURIAL PLACE W. H. R. #1
20. UNDERTAKER James T. ... 21. FILED Dec 25 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 13 1931
22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1931 to Dec 13 1931
I last saw him/her on Dec 8 1931 death is said to have occurred on the date stated above, at 12:30 PM
The principal cause of death and related causes of importance in order of cause were as follows:
Pulley
Contributory causes of importance but related to principal cause:
(62)
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) OR in case the following: accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Yes
(Signed) A. L. ...
(Address) ...

DEATH IN THIS STATE, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION in very im-
 portant. See instructions on back of certificate.

REGISTRAR