

CERTIFICATE OF DEATH

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MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:
 Please write the cause of death clearly and legibly.

1. PLACE OF DEATH: (a) County <u>Duplin</u> (b) Township <u>Kensaville</u> <small>(If in town limits, leave blank)</small> (c) City or town _____ <small>(If outside city or town limits, make RURAL)</small> (d) Street, hospital or institution _____ (e) Length of stay in hospital or institution _____ <small>(Trn., mo., or days)</small> in this community <u>6 Months</u> <small>(Trn., mo., or days)</small>		Registration Dist. No. <u>31-05</u> Certificate No. <u>16</u>	
2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State <u>NC</u> (b) County <u>Duplin</u> (c) City or town <u>Kensaville</u> (d) Street or R.F.D. _____ (e) Is place of residence in corporate limits? _____ (f) If foreign born, how long in U.S.A.? _____ years.		3. MEDICAL CERTIFICATION 20. Date of death <u>Sept. 28th 1943</u> at <u>11:30 P.M.</u> 21. I certify that death occurred on the date above stated; that I attended deceased from <u>7th 1942</u> to <u>Sept 28 1943</u> and that I last saw <u>her</u> alive on <u>Sept 28 1943</u> Immediate cause of death <u>arterio-sclerotic of Heart</u> Duration <u>1 day</u> Due to <u>cardio-renal disease 2 years</u> Due to _____ Other conditions _____ (Include pregnancy within 3 months of death) Major findings: _____ Of operations _____ Of autopsy _____ 22. If death was due to external cause, fill in the following: (a) Accident, outside, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ <small>(City or town) (County) (State)</small> (d) Did injury occur about home, on farm, in industrial place, in a public place? _____ <small>(Specify type of place)</small> (e) Means of injury _____ 23. Signature <u>B. C. Went</u> M.D. Address <u>Kinston NC</u> Date signed <u>10/3/43</u>	
3(a) FULL NAME <u>Hattie Jane Dunn</u> 3(b) If veteran, name war _____ 3(c) Social Security No. <u>500</u> 4. Sex <u>Female</u> 5. Color or Race <u>White</u> 6(a) Single, married, widowed, or divorced. <u>Married</u> 6(b) Name of husband or wife <u>David Amos Dunn</u> (c) Age of husband or wife if alive <u>58</u> years.		7. Birth date of deceased <u>June 11 1884</u> <small>(Month, day, last year)</small> 8. AGE: Years <u>47</u> Months <u>5</u> Days <u>17</u> <small>or less than one day</small> 9. Birthplace <u>Duplin Co. N.C.</u> <small>(City, town, or county) (State or foreign country)</small> 10. Usual occupation <u>Housewife</u> 11. Industry or business _____	
MOTHER 12. Name <u>Unknown</u> 13. Birthplace <u>"</u> 14. Maiden Name <u>Kylin Davis</u> 15. Birthplace _____		FATHER 16(a) Informant's Signature <u>[Signature]</u> (b) Address <u>Kensaville</u> 17(a) <u>Burial</u> (b) Date thereof <u>Sept. 30th 1943</u> <small>(Burial, cremation, or removal) (Month, day, year)</small> (c) Cemetery <u>McKAY</u> (d) Location <u>5 miles east of Kensaville,</u> 18(a) Funeral director <u>Quinn & McGee Inc</u> (b) Address <u>Warren, N.C.</u> 19(a) <u>10-26</u> <u>1943</u> <u>Dr. Lawrence Southland</u> <small>Filed</small> <small>Registrar</small>	