

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

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 inquest was held).

FORM 3
Rev. 1/49

THIS COPY FOR STATE BOARD OF HEALTH

Birth No. 152

AUG 6 1951

REGISTRATION DISTRICT NO. 3100

REGISTRAR'S CERTIFICATE NO.

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

Dr. Gooding

15792

1. PLACE OF DEATH a. COUNTY <i>Duplin</i>		b. TOWNSHIP <i>Limestone</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>			
4. CITY OR TOWN <i>Beulahville</i>		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6. CITY OR TOWN <i>Beulahville</i>		In Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED a. (First) <i>Isaac</i>					b. (Middle) <i>Newton</i>		c. (Last) <i>Sandler</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 5, 1951</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>July 27, 1870</i>		9. AGE (in years last birthday) <i>80</i>		10. IF OTHER THAN 12 MONTHS (Days) (Hours) (Min.)			
13a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>farmer</i>				13b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Duplin Co., N. C.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Waxwell Sandler</i>					14. MOTHER'S MAIDEN NAME <i>Cecilia Whaley</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>none</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S NAME AND ADDRESS <i>Mrs. J. N. Sandler, Beulahville, N. C.</i>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)							INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death. <i>9-98</i>		ANTECEDENT CAUSES Maribid conditions, if any, giving rise to the above cause (a) stating the underlying cause led.							DUE TO (b)		
		DUE TO (c)									
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
		19b. MAJOR FINDINGS OF OPERATION									
21a. ACCIDENT <input checked="" type="checkbox"/> (Specify) <i>Submersion</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Rural</i>		21c. CITY, TOWN, OR TOWNSHIP <i>Limestone</i>		COUNTY <i>Duplin</i>		STATE <i>N. C.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>6-15-1951</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Accidentally drowned while swimming in North East River near Hallsville, N. C.</i>							
22. I hereby certify that I attended the deceased from <i>1951</i> and that death occurred at <i>1:30 P.M.</i> from the causes and on the date stated above.											
23a. SIGNATURE <i>J. B. Brice</i> (Degree or title) <i>Coroner</i>					23b. ADDRESS <i>Kenansville, N. C.</i>			23c. DATE SIGNED <i>7-18-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 6, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hallsville Baptist Church, near Beulahville, N. C.</i>		24d. LOCATION (City, town, or county) (State)					
DATE RECD BY LOCAL REG. <i>2-6-51</i>		REGISTRAR'S SIGNATURE <i>John F. Powers M.D.</i>			25. FUNERAL DIRECTOR ADDRESS <i>Quinn - Mc Brown Co. Inc., Warsaw, N. C.</i>						