

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Duplin 31 Registration District No. 216388 Certificate No. 13
 Townships Kavanaugh or Village _____
 City West Kavanaugh No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Jeff Dunn 500
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Oct. 6 - 1893

7. AGE Years Months Days H LESS than 1 day or mo.
39 1 13 _____

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Duplin Co.
 (State or country) X4.

MOTHER FATHER

13. NAME Joe Dunn

14. BIRTHPLACE (city or town) Duplin Co.
 (State or country)

15. MAIDEN NAME Bessie Whitman

16. BIRTHPLACE (city or town) Duplin Co.
 (State or country)

17. INFORMANT B. F. Chambers
 (Address) Kavanaugh X6.

18. BURIAL, CREMATION, OR DISPOSAL
 Place Trinity Grange, Duplin Nov. 20, 1932

19. UNDERTAKER Wm. L. Williams
 (Address) Warren, X6.

20. FILED 12-16, 1932 D. X. Brock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1932 to _____
 I last saw him alive on Nov. 19th, 1932 death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:
Cause of Stomach Date of onset Jan. 1932
as diagnosed by doctor who attended him - possibly saw him when he was dying

Contributory causes of importance not related to principal cause:
no other known

Name of operation _____ date of _____
 What test confirmed diagnosis? Doit know Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also 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, at home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) J. M. Williams M. D.
 (Address) Warren, X6.

N. C.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.