

STANDARD CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—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 in very important. See instructions on back of certificate.

1. PLACE OF DEATH
 County Duplin Registration District No. 31-05 Certificate No. 22
 Township Kennamatta or Village _____
 City Mozambique 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 Jose James Acini 500
 (a) Residence: No. _____ St. _____ Ward _____
 (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) 7-22-39

7. AGE / Years Months Days H LESS than 1 day, ____ hrs. or ____ min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, law 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) Mozambique
 (State or country) Duplin Co.

13. NAME H. H. Acini
 14. BIRTHPLACE (city or town) Kennamatta
 (State or country) _____

15. MAIDEN NAME Minnie Deum
 16. BIRTHPLACE (city or town) Kennamatta
 (State or country) Duplin NC

17. INFORMANT H. H. Acini
 (Address) Mozambique NC

18. BURIAL, CREMATION, OR REMOVAL
 Place Family Burial Date 7-23-39

19. UNDERTAKER Robt Hill
 (Address) Robt Hill

20. FILED 7-28-39 1939 U. S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-22-39

22. I HEREBY CERTIFY, That I attended deceased from 7-22-39 to 7-22-39 at 7:30 P. M.
 I last saw him/her alive on 7-22-39 death is said to have occurred on the date stated above at 4:15 P. M.
 The principal cause of death and related causes of importance in order of exactness are as follows:
Coditis Acute
 Contributory causes of importance not related to principal cause:
 Name of operation _____ date of _____
 What test confirmed diagnosis? Cholera Was there an autopsy? _____

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, 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 _____
 (Signed) Robt Hill M. D.
 (Address) Mozambique