

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

65

1. PLACE OF DEATH

County Duplin Registration District No. 31-14 Certificate No. 18
Township Limestone or Village
City Beulah 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 Mrs Lizzie Jarmou
(a) Residence: No. _____ (Usual place of attack) St. _____ Ward _____
(If non-resident give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) widow
6. If married, widowed, or divorced HUSBAND of H.W. Jarmou. 1868 (or) WIFE of _____
7. DATE OF BIRTH (month, day, and year) July 9, 1868
8. AGE 66 Years 11 Months 2 Days if LESS than 1 day, ____ hrs. ____ min.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18, 1935
22. I HEREBY CERTIFY, That I attended deceased from 1934 to 1935
I last saw her alive on _____ 1935. death is said to have occurred on the date stated above, at 12:30 A.

The principal cause of death and related causes of importance in order of exact were as follows:

Thrombosis -
Paralysis
cerebral hemorrhage
Contributory causes of importance not related to principal cause:
Name of operation _____ date of _____
What test confirmed diagnosis? _____ 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 _____ 19____
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) J. W. H. _____
(Address) Beulah, N.C.

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 is very important. See instructions on back of certificate.

MOTHER FATHER OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired farmer
11. Date deceased last worked at this occupation (month and year) 3 years 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) Duplin Co. (State or country)
13. NAME M. M. Brudkin
14. BIRTHPLACE (city or town) Duplin Co. (State or country)
15. MAIDEN NAME Jessie Green
16. BIRTHPLACE (city or town) Duplin Co. (State or country)
17. INFORMANT Mrs. M. C. Jarmou (Address) Beulah, N.C.
18. BURIAL, CREMATION, OR REMOVAL Place Duplin Co. Date 6-18, 1935
19. UNDERTAKER W. H. _____ (Address) Beulah, N.C.
20. FILED 7-11, 1935 John G. Sandlin REGISTRAR