

OCT 7 1975

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

31591

REGISTRATION DISTRICT NO. 031-00 LOCAL NO.

TYPE OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED <b>Louisiana Sandlin Knowles</b>		DATE OF BIRTH <b>Aug. 30, 1975</b>	
2. SEX <b>Female</b>	3. COLOR OF RACE <b>White</b>	4. STATE OF BIRTH <b>N. C.</b>	5. DATE OF DEATH <b>July 13, 1900</b>
6. PLACE OF BIRTH COUNTY <b>Duplin</b> CITY OR TOWN <b>Kenansville</b>		7. USUAL RESIDENCE STATE <b>N. C.</b> COUNTY <b>Duplin</b>	
8. NAME OF HOSPITAL OR INSTITUTION <b>Duplin General Hosp.</b>		9. INSIDE CITY LIMITS <b>Yes</b> CITY OR TOWN <b>Warsaw</b>	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	11. SURVIVING SPOUSE	12. STREET ADDRESS OR R.F.D. No. <b>RD 2, Box 85</b>	
13. U. S.	14. SOCIAL SECURITY NUMBER <b>243-82-6806</b>	15. USUAL OCCUPATION <b>Homemaker</b>	16. KIND OF BUSINESS OR INDUSTRY
17. FATHER'S NAME <b>John Sandlin</b>		18. MOTHER'S MAIDEN NAME <b>Georgiana Dunn</b>	
19. INFORMANT'S NAME AND ADDRESS <b>Mr. George K. A. Knowles (Son), RD 2, Box 85, Warsaw, N. C. 28398</b>			
PART I. DEATH CAUSED BY.			APPROXIMATE PERIOD BETWEEN ONSET AND DEATH
a. IMMEDIATE CAUSE <b>Acute coronary thrombosis, with associated pulmonary edema and terminal uremia.</b>			<b>8-30-75</b>
b. DISEASE TO, OR AS A CONSEQUENCE OF <b>Hypertensive cardiovascular disease, bleeding duodenal ulcer. (36 hrs.)</b>			<b>5-10 years</b>
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I			20. AUTOPSY <b>No</b>
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED			
20a. None			
20b. None			
21. CERTIFICATION—PHYSICIAN		22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER	
21. 8-30-75		22. 8-30-75	
23. SIGNATURE OF CERTIFIER <i>Edwin P. Jones M.D.</i>		24. DATE SIGNED <b>09-11-75</b>	25. ADDRESS <b>303 East College St. Warsaw, N. C.</b>
26. BURIAL, CREMATION, OTHER	27. DATE	28. NAME OF CEMETERY OR CREMATORY	29. LOCATION
<b>Burial</b>	<b>9/1/75</b>	<b>Magnolia Cemetery</b>	<b>Magnolia, N. C.</b>
30. FUNERAL HOME <b>Quinn-McGowen FH, Warsaw, N. C.</b>		31. SIGNATURE OF BURIAL DIRECTOR <i>Milton De Luca</i>	32. LICENSE NO. <b>2911</b>
33. DATE SENT BY LOCAL REG. <b>9-15-75</b>		34. SIGNATURE OF REGISTRAR <i>John E. Jones</i>	35. LICENSE NO. <b>1329</b>

STATE BOARD OF HEALTH COPY

CAUSE

CERTIFIER

SIGNATURE

FORM 1

REV. 1-68

1-68-1288