

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

427

1 PLACE OF DEATH *Asheboro* Registration District No. *17-5897 C.* State *N.C.* Register No. *24*
County *Jacksonville* or Village _____
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Margie Aman*
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if foreign birth yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS				
3 Sex <i>F</i>	4 Color or Race <i>W</i>	5 Single, Married, Widowed, or Divorced (write the word) <i>Married</i>		
5a If married, widowed, or divorced Husband of _____ (or) Wife of <i>John L Aman</i>				
6 Date of birth (month, day, and year)				
7 Age	years	Months	Days	8 LESS than 1 day..... hrs. or..... min.
8 Occupation of deceased (a) Trade, Profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9 Birthplace (city or town) (State or country) <i>Duplin Co N.C.</i>				
10 Name of Father <i>Wayell Sandlin</i>				
11 Birthplace of Father (city or town) (State or country) <i>Duplin Co N.C.</i>				
12 Maiden Name of Mother <i>Olia Sandlin</i>				
13 Birthplace of Mother (city or town) (State or country) <i>Duplin Co N.C.</i>				
14 Informant <i>J. A. Gurganus</i> (Address) <i>Jacksonville N.C.</i>				
15 Filed <i>6/28 1932</i> <i>W. M. Fletcher</i> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16 Date of Death (month, day, and year)	<i>June 27 1932</i>
17 I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.	
The CAUSE OF DEATH* was as follows: <i>Tuberculosis of Stomach & Chemum</i>	
(duration) yrs. mos. da.	
Contributory (SECONDARY) _____ (duration) yrs. mos. da.	
18 Where was disease contracted if not at place of death? _____	
Did an operation precede death? _____ Date of _____	
Was there an autopsy? _____	
What test confirmed diagnosis? _____	
(Signed) _____, M.D.	
. 19 (Address) _____	
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)	
19 Place of Burial, Cremation, or removal <i>Family Graveyard Asheville</i>	Date of Burial <i>6/28 1932</i>
20 Undertaker <i>Friends</i>	Address _____

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.