

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

211

1 PLACE OF DEATH

Registration District No. 21838a

County Duplin State NC Register No. 1
Township Magnolia Nonconformable or Village _____
City Magnolia R2D No. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

Mathew Dunnington
(a) Residence No. Magnolia R2D No. _____ 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 male 4 Color or Race white 5 Single, Married, Widowed, or Divorced (write the word) _____

6a If married, widowed, or divorced Husband of _____ (or) Wife of _____

6 Date of Birth (month, day, and year)

7 Age 1 years Months 3 Days _____ If LESS than 1 day, hrs. _____ 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) Magnolia R2D
(State or country)

10 Name of Father Ben Dunning

11 Birthplace of Father (city or town) Duplin
(State or country)

12 Maiden Name of Mother Mathie Susan Dunning

13 Birthplace of Mother (city or town) Duplin County
(State or country)

14 Informant Ben Dunning
(Address) Magnolia R2D

15 Filed 6-8-28 D. H. Brock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 5-14-1928

17 I HEREBY CERTIFY, That I attended deceased from 4-9-1928 to 5-14-1928 that I last saw him alive on 5-14-1928 and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

Acute Colitis
(duration) yrs. mos. da. 113

Contributory (SECONDARY) (duration) yrs. mos. da. _____

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Chemical
(Signed) Robert Dunning M. D.

(Address) Magnolia NC

*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 Secreta Date of Burial 5-14-28

20 Undertaker Winn + Matawa Co Address _____

See instructions on back of certificate. Exact statement of OCCUPATION is very important.