

This is a legal record and will be permanently filed.

Birth No. 132
JUL 18 1952
REGISTRATION DISTRICT NO. 54-80

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

17118

Type of write legibly. Use black ink.

All names must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer or Coroner, if inquest was held.

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Lenoir</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>N.C.</u> b. COUNTY <u>Lenoir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winston (Rural)</u>		c. LENGTH OF STAY (in this place) <u>25 min.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lenoir Memorial Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
4. STREET ADDRESS (If rural, give location) <u>R.T.D. #3 Box 380</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Dunn</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-52</u>		5. SEX <u>Male</u> & COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 4, 1901</u>	
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Transfer Business</u>	
11. BIRTHPLACE (State or foreign country) <u>Duplin Co. N.C.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13. FATHER'S NAME <u>Dash Benjamin Dunn</u>		14. MOTHER'S MAIDEN NAME <u>Carrie Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S NAME AND ADDRESS <u>Mrs. P. J. Dunn Winston N.C.</u>		18. CAUSE OF DEATH	
Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Stroke</u>		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, aneurism, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Diabetes Mellitus</u>		29. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, factory, factory, street, office bldg., etc.) <u>Home</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. HOW DID INJURY OCCUR?		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>6-27, 1952</u> , to <u>6-27, 1952</u> that I last saw the deceased alive on <u>6-27, 1952</u> and that death occurred at <u>7:00 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Williams M.D.</u> (Type or Print)		23b. ADDRESS <u>Winston N.C.</u>	
23c. DATE SIGNED <u>6-27-52</u>		24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>	
24b. DATE <u>6-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Secreta Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Duplin Co. Greenville, N.C.</u>		25. FUNERAL DIRECTOR <u>Gorner's Funeral Home, Winston N.C.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 3 1952</u>		REGISTRAR'S SIGNATURE <u>L. J. Jones M.D.</u>	