

This certificate should be carefully examined. 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.

B.V.S.—Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

21 STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Duplin Registration District No. 21-2374 Registrar No. 38
 County Warren State _____
 Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give the name instead of street and number)
 2 FULL NAME Sally May Winders 536
 (a) Residence No. Warren, D.C. 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. _____ days
 (If born in U. S. if of foreign birth) _____ yrs. _____ mos. _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Female 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married
 5a If married, widowed, or divorced (a) Wife of R. A. Winders
 6 Date of birth (month, day, and year) May -
 7 Age 33 years _____ Months _____ Days _____
 If LESS than 1 day _____ hrs. _____ or _____ min.
 8 Occupation of deceased (a) Trade, Profession, or particular kind of work House-wif.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9 Birthplace (city or town) Hallsville (State or country) _____
 10 Name of Father J. W. Sandlin
 11 Birthplace of Father (city or town) Kingupin (State or country) _____
 12 Maiden Name of Mother George Ann Sandlin
 13 Birthplace of Mother (city or town) Hallsville (State or country) D.C.
 14 Informant R. A. Winders (Address) Warren, D.C.
 15 Filed May 19 1928 J. E. Patten REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Apr. 23 1928
 17 I HEREBY CERTIFY, That I attended deceased from March 25 1928 to April 22 1928 that I last saw her alive on April 22 1928 and that death occurred, on the date stated above, at 3:30 A.M.
 The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
 (duration) 3 yrs. _____ mos. _____ days
 Contributory Influenza pneumonia (SECONDARY) about 6 year ago (duration) _____ yrs. _____ mos. _____ days
 18 Where was disease contracted Kenansville, N.C. if not at place of death?
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Physical & history
 (Sign) J. M. Williams, M.D. (Address) Warren, D.C.
 *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 Kenansville, D.C. Date of Burial Apr. 23 1928
 20 Undertaker Duplin Co. Address Kenansville, D.C.

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