

North Carolina State Board of Health 13188
BUREAU OF VITAL STATISTICS 16

CERTIFICATE OF DEATH

PLACE OF DEATH
County Duplin 31
Township Kenansville

Town _____
City _____

Registration District No. 31-5398

Certificate No. 7

FULL NAME Seth David Smith 30

[If death occurred in a hospital or institution, give the NAME instead of street and number.]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, or DIVORCED widower
DATE OF BIRTH Mar 8 1843
(Month) (Day) (Year)

AGE 76 yrs. 2 mos. 24 ds. or less than 1 day, hrs. or min.

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

EDUCATIONAL ATTAINMENTS
Common School

BIRTHPLACE Duplin Co. N.C.

PARENTS NAME OF FATHER David Smith

BIRTHPLACE OF FATHER (State or Country) Duplin Co. N.C.

MAIDEN NAME OF MOTHER Ethie Tootle

BIRTHPLACE OF MOTHER (State or Country) Duplin Co. N.C.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) and belief A. D. Grady Jr.
(Address) Kenansville N.C.

Filed June 30 1919 D. B. Brock Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1919
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 21st
1919 to Oct 21st 1919.
That I last saw him alive on Oct 21st 1919.

and that death occurred on the date above stated, at _____.

The CAUSE OF DEATH* was as follows
When I saw him, he was suffering from a general failure of kidney and heart with deep cut breathing by mouth -
I do not know how many years

(Signed) J. D. Smith M. D.
June 29 1919 (Address) Pike's Creek

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death _____ In the State _____

Where was disease contracted, if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL home burying in Duplin Co. N.C. at what track
DATE OF BURIAL June 23 1919
ADDRESS _____

UNDERTAKER buried by neighbors