

WITH UNFADING INK—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.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Registration District No. 65-2484 W.C. Registrar No. 107
 County New Hanover State _____
 Township _____ or Village _____ of _____
 City Wilmington No. Massenet Heights Ward _____
 (If death occurred in a hospital or institution, give the name instead of street and number)
 2 FULL NAME W. J. Sandlin
 (a) Residence. No. Norfolkville apt. 2 St. _____ Word. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married
 6a If married, widowed, or divorced Husband of (or) Wife of _____
 6 Date of birth (month, day, and year) May 12 1874
 7 Age years Months Days If LESS than 1 day, hrs. or min. 40 9 21
 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) Hallerille (State or country) N.C.
 10 Name of Father Marshall Sandlin
 11 Birthplace of Father (city or town) N.C. (State or country) _____
 12 Maiden Name of Mother Etta Taylor
 13 Birthplace of Mother (city or town) N.C. (State or country) _____

14 Date of Death (month, day, and year) July 27 1920
 17 I HEREBY CERTIFY, That I attended deceased from July 11 1920, to July 21 1920 that I last saw him alive on July 21 1920 and that death occurred, on the date stated above, at 3:30 p.m.
 The CAUSE OF DEATH* was as follows:
Influenza Pneumonia
 (duration) yrs. mos. ds. _____
 Contributory (SECONDARY) _____ (duration) yrs. mos. ds. _____
 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) U. Roseum Croon, M.D.
1920 (Address) Wilmington N.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.)

14 Informant W. J. Sandlin (Address) Wilmington N.C.
 15 Filed 2/22/1920 Charles E. Sandlin REGISTRAR

19 Place of Burial, Cremation, or removal Oakdale Cem. Date of Burial 7/27 1920
 20 Undertaker W. Andrew Case Address Wilmington N.C.