

COPY 1
FOR STATE
HEALTH DEPT.

MAY 5 1972

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS - RALEIGH
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Provisional
13437

REGISTRATION DISTRICT NO. 31-00 LOCAL NO. _____

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 2 to Chief Medical Examiner. If cause of death is pending, file Supplemental Report of Cause of Death (Form VS 8A) when the additional information has been obtained.

FUNERAL DIRECTOR: Take copies 1 & 3 to local or sub-registrar for signature. When signed, file copy 1 with local or sub-registrar and retain copy 3 as your burial-transit permit.

NAME OF DECEASED FIRST MIDDLE LAST David Annon Dunn		DATE OF DEATH (MONTH, DAY, YEAR) 4-1-72	
SEX M	COLOR OF SKIN W	STATE OF BIRTH (IF BORN IN U.S.A. GIVE COUNTY) N.C.	DATE OF BIRTH 10-3-1890
PLACE OF DEATH COUNTY Duplin		CITY OR TOWN Kenansville	USUAL RESIDENCE (IF NOT DECLARED LIVED, IF NOT IN U.S.A. GIVE RESIDENCE BEFORE ADMISSION) STATE COUNTY N.C. Duplin
NAME OF HOSPITAL OR INSTITUTION Duplin General		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	CITY OR TOWN Kenansville, N.C.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Mrs. Viola Harper	STREET ADDRESS OR R.F.D. NO. Rt. 1 Albertson	
CITIZEN OF WHAT COUNTRY? U.S.A.	SOCIAL SECURITY NUMBER 240-24-5434-A	USUAL OCCUPATION (IF NOT WORKING DURING MOST OF WORKING LIFE, GIVE IF RETIRED) Retired Farmer	INDUSTRY OF BUSINESS OR INDUSTRY Farming
FATHER'S NAME Mr. Joseph Green Dunn		MOTHER'S MAIDEN NAME Mrs. Cora Hill Dunn	
INFORMANT'S NAME AND ADDRESS Mrs. Viola Harper Dunn Rt. 1 Albertson		RELATION TO DECEASED Wife	
PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE PER 1A, 1B, 1C)			
1A. IMMEDIATE CAUSE 4109 Probable myocardial infarct		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3-5 hr	
1B. DUE TO, OR AS A CONSEQUENCE OF:			
1C. DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (GIVEN IN PART I)		19. AUTOPSY (SPECIFY) YES OR NO	20. IF YES, STATE IF AND WHEN CONDUCTED IN RELATION TO CAUSE OF DEATH
21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY)		21b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1B)	
21c. TIME OF INJURY MONTH DAY YEAR HOUR	21d. INJURY AT WORK (SPECIFY YES OR NO)	21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	21f. CITY OR R.F.D. COUNTY STATE
MEDICAL EXAMINER CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH RESULTED ON THE DATE AND DUE TO THE CAUSE LISTED.			
22a. DEATH OCCURRED (HOUR)	22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)		22c. DATE SIGNED (MONTH, DAY, YEAR)
22a. _____	22b. 4 1 72		22c. 4-1-72
23a. SIGNATURE	23b. ADDRESS		23c. MEDICAL EXAMINER OF (SPECIFY COUNTY)
<i>[Signature]</i>	Kenansville, N.C.		
24a. BURIAL, CREMATION, OTHER (SPECIFY)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (CITY, TOWN, OR COUNTY) STATE
Burial	4-3-72	Golden Grove	Kenansville, N.C.
25. FUNERAL HOME (NAME ADDRESS)		26. SIGNATURE OF FUNERAL DIRECTOR	27. LICENSE NO.
Quinn-McGowan Co. Warsaw, N.C.		<i>[Signature]</i>	2380
27a. DATE RECD BY LOCAL REG.	27b. SIGNATURE OF REGISTRAR	27c. SIGNATURE OF REGISTRAR (IF EMPLOYED)	27d. LICENSE NO.
4-10-72	<i>[Signature]</i>	<i>[Signature]</i>	1329