

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

49

1 PLACE OF DEATH _____ Registration District No. 375385
County Duplin State AL Register No. 16
Township Reverence or Village _____
City Reverence No. _____ Ward _____
2 FULL NAME Elizabeth Quinn (If death occurred in a hospital or institution, give its name instead of street and number)
(a) Residence No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 Sex Female 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 J. G. Quinn
6 Date of Birth (month, day, and year) Nov 17 1865
7 Age 63 years Months 10 Days 11 If L.F.S.S. than 1 day, hrs. or min. _____
8 Occupation of deceased
(a) Trade, Profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 Birthplace (city or town) Duplin County (State or country)
10 Name of Father Wright Whitover
11 Birthplace of Father (city or town) Duplin County (State or country)
12 Maiden Name of Mother Elizabeth Price
13 Birthplace of Mother (city or town) Duplin County (State or country)

16 Date of Death (month, day, and year) Sept. 25 1929
17 I HEREBY CERTIFY, That I attended deceased from Sept 13th 1929 to Sept 25th 1929 (that I last saw him alive on Sept 26 1929 and that death occurred, on the date stated above, at 7:30 AM).
The CAUSE OF DEATH* was as follows:
Toxin Adenoma of Thyroid
Chronic Interstitial Nephritis
Hypertension
Obtuse Contusion of Stomach (duration) 128 yrs. mos. ds.
Contributory (SECONDARY) 60 (duration) yrs. mos. ds.
18 Where was disease contracted at home
If not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? Biopsy of Thyroid
(Signed) Henry V. Gooding, M. D.
_____, 19 (Address) Reverence, AL

14 Informant W. B. Quinn, Reverence, AL (Address)
15 Filed Oct 10 1929 D. H. Brooks REGISTRAR

19 Place of Burial, Cremation, or removal Marble Hill, AL Date of Burial 10 27 29
20 Undertaker Quinn & McLean Address Reverence, AL

WRITE PLAINLY, 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.