

DEC 17 1973

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

40531

REGISTRATION DISTRICT NO. 31-00

LOCAL NO.

TYPE OF PRINT IN
PERMANENT
BLACK INK

NAME OF DECEASED 1. Hattie Dunn Chambers		DATE OF BIRTH 2. November 27, 1973	
SEX 3. Female	COLOR OR RACE 4. White	STATE OF BIRTH 5. N. C.	DATE OF BIRTH 6. June 12, 1893
PLACE OF BIRTH COUNTY 7. Duplin		CITY OR TOWN 8. Konansville	STATE 9. N. C.
NAME OF HOSPITAL OR INSTITUTION 10. Duplin General Hospital		INSIDE CITY LIMITS 11. Yes	CITY OR TOWN 12. Warsaw
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 13. Widowed	SURVIVING SPOUSE 14. _____	STREET ADDRESS OR R.F.D. NO. 15. N. Pine Street	INSIDE CITY LIMITS 16. Yes
CITIZEN OF WHAT COUNTRY 17. USA	SOCIAL SECURITY NUMBER 18. _____	USUAL OCCUPATION 19. Housewife	INDUSTRY OR BUSINESS 20. _____
FATHER'S NAME 21. Moses Dunn		MOTHER'S MAIDEN NAME 22. Amanda Whitman	

INFORMANT'S NAME AND ADDRESS 23. Mrs. James M. Hurst, Warsaw, N. C.	
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PART I. DEATH CAUSED BY: 24. 4122 ✓ Massive Cerebral Hemorrhage with coma.		APPROXIMATE PERIOD OF ONSET AND DURATION 25. 11-27-73
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CONDITIONS, IF ANY, WHICH HAVE BORN TO IMPEDE CORRECT STATEMENT OF THE CAUSE LISTED	26. Chronic Cardio-Vascular Disease with marked Hypertension.	27. 5-10-years
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PART II. OTHER SIGNIFICANT CONDITIONS 28. Partial Illness, small intestine Complete Kidney shut down.		APPROPRIATE TO THIS CASE 29. NO
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30. ACCIDENT, SUICIDE, HOMICIDE, OR UNDESIGNED 31. No	32. DISCREPANCY HOW PLASBY OCCURRED 33. _____
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34. TIME OF PLASBY 35. _____	36. PLACE OF PLASBY 37. _____	38. CITY OR TOWN 39. _____	40. COUNTY 41. _____	42. STATE 43. _____
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CERTIFICATION—PHYSICIAN 44. Nov. 27, 73	CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER 45. Nov. 27, 73
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SIGNATURE OF PHYSICIAN 46. <i>John P. Pharis</i>	DATE SIGNED 47. 11-27-73	ADDRESS 48. Warsaw, N.C.
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BURIAL, CREMATION, OR OTHER 49. Burial	DATE 50. 11-29-73	NAME OF CEMETERY OR CREMATORY 51. Brock Family Cemetery	LOCATION 52. Konansville, RFD, N. C.
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FUNERAL HOME 53. Community Funeral Home, Incl, Warsaw, N.C.	SIGNATURE OF FUNERAL DIRECTOR 54. <i>John P. Pharis</i>	LICENSE NO. 55. 1538
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DATE RECD BY LOCAL REG. 56. 12-11-73	SIGNATURE OF REGISTRAR 57. <i>Hail Vermegey, Dept.</i>	LICENSE NO. 58. 898
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STATE BOARD OF HEALTH
OF HEALTH
COPY

CAUSE

CERTIFICATE

FURNISH

FORM 1
REV. 1-68
148-1048