

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

County Duplin Registration District No. 31-06 Certificate No. 27
 Township Weston or Village _____
 City Burlonville NC No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 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.

2. FULL NAME

John William Sandlin 534
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, and year) July 9, 1908
 7. AGE 69 Years 2 Months 1 Days If LEAS than 1 day ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clerk
 10. Date deceased last worked at this occupation (month and year) 5 years 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Duplin Co
 (State or country) _____

13. NAME William Sandlin

14. BIRTHPLACE (city or town) Duplin Co.
 (State or country) _____

15. MAIDEN NAME Susan Quinn

16. BIRTHPLACE (city or town) Duplin Co
 (State or country) _____

17. INFORMANT J. J. Sandlin
 (Address) Burlonville NC

18. BURIAL, CREMATION, OR REMOVAL
 Place Burlonville H. Co. Date 9-11, 1937

19. UNDERTAKER Quinn M. Gorton &
 (Address) Waresville NC

20. FILED _____ 19 _____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 10, 1937
 22. I HEREBY CERTIFY, That I attended deceased from 9-26-1936 to 9-10-1937
 I last saw him alive on 9-10-1937 death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance in order of onset were as follows: _____ Date of onset _____

Exhaustion in the course of a mental disease

Contributory causes of importance not related to principal cause: _____

Name of operation _____ date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 10. _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Quinn M. Gorton Jr. M. D.

(Address) Burlonville, NC

MARGIN RESERVED FOR BINDING

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.