

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

D. Mosley

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.

1 PLACE OF DEATH
 County *Jones* Registration District No. *1-686* State *NC* 149
Register No. 1d
 Township *Bear Creek* or Village _____
 City _____ No. _____ Ward _____
 (If death occurred in a hospital or institution use its name instead of street and number)

2 FULL NAME *John William Searles*
 (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. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex *Male* 4 Color of Race *White* 5 Single, Married, Widowed, or Divorced (write the word) _____
 6a If married, widowed, or divorced Husband of _____ (or) Wife of *Married*
 6 Date of Birth (month, day, and year) _____
 7 Age *68* years Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____
 8 Occupation of deceased
 (a) Trade, Profession, or particular kind of work *Farmer*
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9 Birthplace (city or town) *Duplin Co* (State or country) *NC*
 10 Name of Father *Nayrell Searles*
 11 Birthplace of Father (city or town) *Duplin Co* (State or country) *NC*
 12 Maiden Name of Mother *Ellen Mosley*
 13 Birthplace of Mother (city or town) *Duplin Co* (State or country) *NC*

14 Informant *D. F. Searles* (Address) *Post Office No*
 15 Filed *Sept 4 1929* *B. B. Pollock* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) *August 29 1929*
 17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, at _____, that I last saw him _____ alive on _____, and that death occurred, on the date stated above, at *11 A* m.
 The CAUSE OF DEATH* was as follows:
No Attending Physician
 (duration) _____ yrs. _____ mos. _____ da.
 Contributory (SECONDARY) *Arteriosclerosis* (duration) _____ yrs. _____ mos. _____ da.
 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) *D. Collier Co. Duplin, N.C.*
 _____, 19____ (Address) _____
 *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.)
 19 Place of Burial, Cremation, or removal *Duplin Co NC* Date of Burial *5/30 1929*
 20 Undertaker *Donard G. Kuster* Address _____