

Form No. 128

54-1902

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14420

JUL 6 1956

REGISTRATION DISTRICT NO. 3100

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

0 -  
425 -  
All items must be complete and accurate.

The undertaker or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <i>Durham, Wake</i>		b. TOWNSHIP <i>W. Wake</i>	c. LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
d. CITY OR TOWN <i>Warsaw</i>		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		a. STATE <i>N.C.</i>	b. COUNTY <i>Durham</i>
e. FULL NAME OF (If not in hospital or institution, give street address or location) <i>None</i>			d. STREET ADDRESS or R. F. D. NO. <i>2</i>		
2. NAME OF DECEASED		a. (First) <i>Lillie</i>	b. (Middle) <i>Belle</i>	c. (Last) <i>Wilkins</i>	d. DATE OF DEATH (Month) (Day) (Year) <i>5 26 56</i>
a. SEX <i>Female</i>	b. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Nov. 27 1907</i>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Warsaw, N.C.</i>	
12. FATHER'S NAME <i>Walter Burton Dunn</i>			14. MOTHER'S MAIDEN NAME <i>Frances Turner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S NAME AND ADDRESS <i>William J. Powell, Son</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Arteriosclerotic Cardiovascular Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (a) <i>None</i> DUE TO (b) <i>None</i> DUE TO (c) <i>None</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) (P.M.) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-26</i> , 19 <i>55</i> , to <i>5-19</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>5-19</i> , 19 <i>56</i> , and that death occurred at <i>5-26</i> , 19 <i>56</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>L. S. Matthews M.D.</i>		23b. ADDRESS <i>Warsaw, N.C.</i>		23c. DATE SIGNED <i>6-4-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-27-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wilkins Family Plot</i>	
24d. LOCATION (City, town, or county) (State) <i>Warsaw, N.C.</i>		24e. NAME OF CEMETERY OR CREMATORY <i>Wilkins Family Plot</i>		24f. LOCATION (City, town, or county) (State) <i>Warsaw, N.C.</i>	
DATE REC'D BY LOCAL REG. <i>6-13-56</i>		REGISTRAR'S SIGNATURE <i>John Powers M.D.</i>		25. GENERAL DIRECTOR <i>William J. Powell, Warsaw</i>	