NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County DUPLIN Registration District No. 378388 State Register No. 22
Township .... or Village ....
City .... No. .... St. .... Ward .... (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Lou Benson
(a) Residence. No. .... Co .... 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

3 Sex: female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed
5a If married, widowed, or divorced Husband of (or) Wife of: J P Benson
6 Date of birth (month, day, and year)
7 Age 52 years, Months 6, Days 20. If LESS 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
Corr 10-23-30
9 Birthplace (city or town) DUPLIN County (State or country)

Parents
10 Name of Father: Jethro Jones
11 Birthplace of Father (city or town) (State or country): Johnston County
12 Maiden Name of Mother: Sarah Sullavin
13 Birthplace of Mother (city or town) (State or country): Wayne County

14 Informant: J P Benson
(Address)

15 Filed 12/10 1923 D N Beech, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Nov. 30, 1923

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1923, to Nov. 28, 1923,
that I last saw her alive on Nov. 28, 1923
and that death occurred, on the date stated above, at 8 a.m.
The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis & Chronic Myocarditis
(duration) 4 yrs. ... mos. ... ds.
Contributory (SECONDARY) Gangrene of leg
(duration) ... yrs. ... mos. 15 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) D H Reed, M.D.
12/1, 1923 (Address) Kenansville, NC.

*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
Date of Burial 12-1 1923

20 Undertaker: without
Address

N.B.—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.