

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9

MARGIN RESERVED FOR BINDING

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

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS: Please write the cause of death clearly and legibly.

1. PLACE OF DEATH: *Duplin*
 (a) County *Duplin*
 (b) Township *Sumner*
 (IF IN TOWN LIMITS, LEAVE BLANK)
 (c) City or town *Rose*
 (IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL)
 (d) Street, hospital or institution
 (e) Length of stay in hospital or institution
 in this community *Old Rose Lane*
 (Yrs., mos., or days)

Registration Dist. No. *1-2-3* Certificate No. *1*
 2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State *North Carolina* (b) County *Duplin*
 (c) City or town *Sumner*
 (d) Street or R.F.D.
 (e) Is place of residence in corporate limits?
 (f) If foreign born, how long in U.S.A.?

3(a) FULL NAME *Mr. Minnie Benson*
 3(b) If veteran, name war
 3(c) Social Security No.
 4. Sex *Female*
 5. Color or Race *White*
 6(a) Single, married, widowed, or divorced *Married*
 6(b) Name of husband or wife *Joseph Thomas Benson*
 (c) Age of husband or wife if alive *50* years
 7. Birth date of deceased *June 10, 1885*
 (Month, day and year)
 8. AGE: Years *64* Months *8* Days *8*
 9. Birthplace *Duplin Co.*
 (CITY, town, or county) (State or foreign country)
 10. Usual occupation
 11. Industry or business

MEDICAL CERTIFICATION
 20. Date of death *June 16, 1947* at *5 P.M.*
 21. I certify that death occurred on the date above stated; that I attended deceased from *18* to *June 18, 1947* and that I last saw her alive on *May 17, 1947*
 Immediate cause of death *Cerebral hemorrhage*
 Duration *Several Months*
 Due to
 Due to
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

FATHER
 12. Name *John Thomas*
 13. Birthplace *Cary, N.C.*
 MOTHER
 14. Maiden Name *Elizabeth Sullivan*
 15. Birthplace *Duplin Co. N.C.*
 16(a) Informant's Signature *J. L. Benson*
 (b) Address *Sumner*
 17(a) *Family Cemetery* (b) Date stored *June 19, 1947*
 (Burial, cremation, or removal) (Month, day, year)
 (c) Cemetery *Family Cemetery*
 (d) Location *Near Sycamore*
 18(a) Funeral Director *Guinn & Sons*
 (b) Address *Sumner*
 19(a) *1947* (b) *1947*

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur about home, on farm, in industrial plant, in a public place?
 (Specify type of place)
 While at work?
 (e) Means of injury
 23. Signature *J. W. Garrison* M.D.
 Address *Wadesboro, N.C.* Date signed *June 23, 1947*