

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

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Every item of information 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.

1 PLACE OF DEATH Registration District No. 91-5877 State _____ Register No. 21
 County Duplin or Village _____
 Township Duneston City _____
 2 FULL NAME Nancy C. Sandlin (If death occurred in a hospital or institution, give the name, street, and number)
 (a) Residence No. Haverhill N.C. Ward _____ (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. N of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex M 4 Color or Race W 5 Single, Married, Widowed, or Divorced (write the word) Widowed
 6a If married, widowed, or divorced Husband of (or) Wife of Wesley Sandlin
 6 Date of Birth (month, day, and year) Aug. 16, 1836
 7 Age Years 88 Months 8 Days 8 If LESS than 1 day, hr. or min.
 8 Occupation of deceased (a) Trade, Profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____
 9 Birthplace (city or town) Duplin Co N.C. (State or country)
 10 Name of Father _____
 11 Birthplace of Father (city or town) _____ (State or country)
 12 Maiden Name of Mother Catharine White
 13 Birthplace of Mother (city or town) Duplin Co N.C. (State or country)
 14 Informant R.A. Jackson (Address) Haverhill N.C.
 15 Filed 4/27/25 D.W. Jackson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) June 26 1925
 17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH* was as follows: Sudden Death Unattended by Physicians
 (duration) yrs. mos. ds.
 Contributory (SECONDARY) _____ (duration) yrs. mos. ds. 24
 18 Where was disease contracted _____ if not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? _____
 (Signed) _____ M. D.
 _____ (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 Sandlin Cemetery Date of Burial 4/27 1925
 20 Undertaker R.A. Jackson Haverhill N.C.