

MAR 6 1959

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 3100 REGISTRAR'S CERTIFICATE NO.

3622

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

421
2

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

FORM 1
Rev. 1-56

| | | | | | | | | | | |
|--|--|---|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Duplin | | b. TOWNSHIP Kenansville | | c. LENGTH OF STAY (in la) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. | | b. COUNTY Duplin | | |
| d. CITY OR TOWN Kenansville | | In Place of Death Within City Limits? | | e. CITY OR TOWN Warsaw | | In Place of Residence In City Limits? On a Farm? | | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> | | |
| e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Duplin General Hospital | | | | | d. STREET ADDRESS or R. F. D. NO. | | | | | |
| 3. NAME OF DECEASED (Type or Print) Ruth | | | First Middle Last Blackburn | | | 4. DATE OF DEATH Month Day Year 2 4 59 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1/22/14 | 9. AGE (In years last birthday) 45 | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HRS. Hours Min. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) N. C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Freston Iann | | | 14. MOTHER'S MAIDEN NAME Cornelia Ezzel | | | NAME OF HUSBAND OR WIFE Mosley Blackburn | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | 16. SOCIAL SECURITY NO. | | | 17. INFORMANT'S NAME AND ADDRESS Mosley Blackburn - Same | | | | |
| 18. CAUSE OF DEATH— ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Biliary cirrhosis</i> ANTECEDENT CAUSES—Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) 5810 ✓ DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITIONS GIVEN IN PART I (a) <i>Chronic cholecystitis, cholangitis, cholelithiasis</i> | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) | | | | | | | | | |
| 20c. TIME OF INJURY MONTH, DAY, YEAR HOUR | | 20d. INJURY OCCURRED WHERE AT WORK <input type="checkbox"/> NOT WHERE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY OR TOWNSHIP COUNTY STATE | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 21. I attended the deceased from Jan 24 1957 to 2-4 1959, and last seen by me on 2-4 1959. Death occurred at 5:33 a.m. on the date stated above; and to the best of my knowledge from the causes stated. | | | | | | | | | | |
| 22a. SIGNATURE <i>Edwin Owens, M.D.</i> | | | | | 22b. ADDRESS Warsaw N.C. | | | 22c. DATE SIGNED 2-4-59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2-5-59 | 23c. NAME OF CEMETERY OR CREMATORY Pinecrest | | 23d. LOCATION (City, town, or county) (State) Warsaw, N.C. | | | | | |
| 24. DATE REC'D BY LOCAL REG. 3-4-59 | | 25. REGISTRAR'S SIGNATURE <i>John P. Powell, M.D.</i> | | | 26. FUNERAL DIRECTOR <i>James H. Gorman, F.B.</i> | | ADDRESS WARSAW, N.C. | | | |