

FEB 9 1977

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH

47125

REGISTRATION DISTRICT NO. 31-00 LOCAL NO.

TYPE OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED <b>Samuel West Jones</b>		2. DATE OF DEATH <b>12/26/72</b>	
3. SEX <b>Male</b>	4. COLOR OF RACE <b>White</b>	5. STATE OF BIRTH <b>N.C.</b>	6. DATE OF BIRTH <b>9/15/1882</b>
7. PLACE OF DEATH COUNTY <b>Duplin</b> CITY OR TOWN <b>Kenansville</b> STATE <b>N.C.</b> COUNTY <b>Duplin</b>		8. USUAL RESIDENCE AT TIME DECEASED STATE <b>N.C.</b> COUNTY <b>Duplin</b> CITY OR TOWN <b>Rose Hill</b>	
9. NAME OF HOSPITAL OR INSTITUTION <b>Duplin General Hosp.</b>		10. INSIDE CITY LIMITS <b>Yes</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	12. SURVIVING SPOUSE	13. STREET ADDRESS OR R.F.D. NO. <b>Rt. 2</b>	
14. INSIDE CITY LIMITS <b>No</b>	15. USUAL OCCUPATION <b>Retired Merchant</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Merchant</b>
17. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	18. SOCIAL SECURITY NUMBER	19. USUAL OCCUPATION	20. KIND OF BUSINESS OR INDUSTRY
21. FATHER'S NAME <b>Jethro Jones</b>		22. MOTHER'S MAIDEN NAME <b>Sarah Sullivan</b>	

23. INFORMANT'S NAME AND ADDRESS  
**Mrs. Lucille Jones Brown Rt. 2, Rose Hill, N.C.**

STATE BOARD OF HEALTH COPY

PART I. DEATH CAUSED BY: (CHECK ONLY ONE CAUSE FOR USE FOR DL, DL-14)

19. IMMEDIATE CAUSE: *Lymphocytic Leukemia*

20. THE TL OR AS A CONSEQUENCE OF:

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CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: *Chronic Heart Disease, Arteriosclerosis*

22. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED

23. TIME OF INJURY: MONTH **12** DAY **26** YEAR **1972**

24. PLACE OF INJURY: CITY OR R.F.D. **Rose Hill** COUNTY **Duplin** STATE **N.C.**

CERTIFIED

25. CERTIFICATION - PHYSICIAN: I AFFIRMED THE DECEASED FROM **4-20-72** TO **12-26-72**

26. CERTIFICATION - MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, AN ACTING MEDICAL EXAMINER HAS DIED FOR THE CAUSE(S) STATED

27. SIGNATURE OF CERTIFIER: *[Signature]* DATE SIGNED: **1-2-73** ADDRESS: **Chapel Hill, N.C.**

SUBSCRIBER

28. BURIAL, CREMATION, OTHER: **Burial** DATE: **12/28/72** NAME OF CEMETERY OR CREMATORY: **Brock Family Cemetery** LOCATION: **Kenansville, N.C.**

29. FUNERAL HOME: **Edgerton Funeral Home, Wallace, N.C.** SIGNATURE OF FUNERAL DIRECTOR: *[Signature]* LICENSE NO.: **1994**

30. DATE REC'D BY LOCAL REG.: **1-17-73** SIGNATURE OF REGISTRAR: *[Signature]* SIGNATURE OF EMPLOYEE: *[Signature]* LICENSE NO.: **1329**