

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.

PLACE OF DEATH  
 County Duplin 31  
 Township Hamawilly  
 Town \_\_\_\_\_  
 City \_\_\_\_\_  
 FULL NAME William Green Jones 520

North Carolina State Board of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH 98

BUREAU OF VITAL STATISTICS  
 REC'D.  
 APR 9 1918

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution, give the NAME (instead of street and number.)]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED, or DIVORCED <u>X</u> (Write the word)
DATE OF BIRTH <u>Not Exactly Known</u> (Month) (Day) (Year)		
AGE <u>about 67 years</u>		IF LESS than 1 day... hrs. or... min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Local Preacher</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>farmer</u>		
EDUCATIONAL ATTAINMENTS <u>Common School</u>		
BIRTHPLACE <u>Wayne Co. N.C.</u>		
PARENTS	NAME OF FATHER <u>Matthew Jones</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Wayne Co. N.C.</u>	
	MAIDEN NAME OF MOTHER <u>Harriet McLamore</u>	
	BIRTHPLACE OF MOTHER (State or Country) <u>Wayne Co. N.C.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25th 1917  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ 1917

That I last saw him/her alive on Oct 23 - 1917  
 and that death occurred on the date above stated, at 5 o'clock P.M.

THE CAUSE OF DEATH was as follows:  
Hart Dropsy 77

Contributory (Preceding) Adenoid Phlegm gone  
War (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_ M. D.  
 \_\_\_\_\_ (Address) \_\_\_\_\_

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents):  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_  
 Where was disease contracted, if not at place of death \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. B. Dism  
 (Address) Hamawilly N.C.

Filed \_\_\_\_\_ 19\_\_\_\_  
 Registrar \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Duplin Co. N.C.  
 DATE OF BURIAL Oct 26 - 1917

UNDERTAKER Joe Hicks  
 ADDRESS Wassaw N.C.