

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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 request was held).

Birth No. 122.....
FEB 7 1950

REGISTRATION DISTRICT NO. 312

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30079

1. PLACE OF DEATH a. COUNTY <u>Duplin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>N.C.</u> b. COUNTY <u>Duplin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Magnolia</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stacy</u> b. (Middle) <u>Henry</u> c. (Last) <u>Brill</u> <u>630</u>			4. DATE OF DEATH <u>Dec. 31, 1949</u> (Month) (Day) (Year)		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan. 17, 1911</u>	9. AGE (in years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Filling Station Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Lampson Co. 32</u>	
13. FATHER'S NAME <u>Stacy Henry Brill</u>			14. MOTHER'S MAIDEN NAME <u>Lute Herring</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <u>Jo Ann Brill; Warsaw, N.C.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto Accident</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
<u>816.4</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT X SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Magnolia-Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Magnolia Duplin N.C.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>12-31-49</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Traffic Accident</u> <u>Collision with other motor vehicle</u>	

22. I hereby certify that I attended the deceased from 11:30 A.M. alive on Jan. 1, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Kenansville N.C.</u>		23c. DATE SIGNED <u>1-9-50</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pinecrest</u>	
24d. LOCATION (City, town, or county) (State) <u>Warsaw, N.C.</u>		25. FUNERAL DIRECTOR <u>[Signature]</u>		ADD:ESS <u>Warsaw, N.C.</u>	

FORM 3
Rev. 1/48

THIS COPY FOR STATE BOARD OF HEALTH