

STANDARD CERTIFICATE OF DEATH

337

65-90

1. PLACE OF DEATH

County New Hanover Registration District No. _____ Certificate No. 522
 Township _____ or Village _____ or
 City Wilmington No. J. J. K. Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Edmond D. Core
 (a) Residence: No. 504 Trichtsville Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Thelma Taylor Core</u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct. 19, 1892</u>		
7. AGE	Years <u>43</u>	Months <u>1</u>
	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman 30-73</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lt. Wilmington Fire Department</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov. 27, 1935</u>		11. Total time (years) spent in this occupation <u>16 yrs</u>

12. BIRTHPLACE (city or town) White Oak
 (State or country) Bladen Co., N.C.

13. NAME John Core

14. BIRTHPLACE (city or town) Bladen Co.
 (State or country) N.C.

15. MAIDEN NAME Sarah Bryant

16. BIRTHPLACE (city or town) Bladen Co.
 (State or country) N.C.

17. INFORMANT Mrs. R. D. Core
 (Address) Wilmington, N.C.

18. BURIAL, CREMATION, OR REMOVAL
 Place Davdale Date Nov. 26, 1935

19. UNDERTAKER Andrews Mortuary
 (Address) Wilmington, N.C.

20. FILED 11-26-35 Attendant
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25, 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____, death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Unknown Natural Cause
(Probably Heart trouble)
 Date of onset 11-25-35

Contributory causes of importance not related to principal cause:

Name of operation _____ date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) A. W. Allen Coroner
 (Address) Wilmington, N.C.

MARGIN RESERVED FOR BINDING

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