

JAN 8 1959

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

32329

REGISTRATION DISTRICT NO. 16-60 REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

1. PLACE OF DEATH a. COUNTY <u>Carteret</u> b. TOWNSHIP <u>Beaufort</u> c. LENGTH OF STAY (in la) <u>life</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u> b. COUNTY <u>Carteret</u> c. CITY OR TOWN <u>Beaufort</u>
d. CITY OR TOWN <u>Beaufort</u> Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>
e. FULL NAME OF (If not in hospital or institution, give street address or location) <u>105 Front St.</u>	d. STREET ADDRESS or R. F. D. NO. <u>105 Front St</u>

Type or write legibly. Use black ink.  
5-23  
2

3. NAME OF DECEASED (Type or Print) First <u>Julius</u> Middle <u>Fletcher</u> Last <u>Duncan Jr.</u>	4. DATE OF DEATH Month <u>12</u> Day <u>12</u> Year <u>1958</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/27/14</u>	9. AGE (In years last birthday) <u>24</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>N.C.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Julius F. Duncan</u>	14. MOTHER'S MAIDEN NAME <u>Fannie Dudley</u>	NAME OF HUSBAND OR WIFE <u>Sara Rumbly Duncan</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS <u>Sara R. Duncan</u>					

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.

18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Angina</u> ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <u>6 w. 10 d.</u> <u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42.1</u> <input checked="" type="checkbox"/>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

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 MONTH, DAY, YEAR HOUR OF INJURY	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
21. I attended the deceased from <u>9:00 a.m.</u> <u>12-55</u> to <u>12-12-58</u> and last saw <u>him</u> alive on <u>12-12</u> , 19 <u>58</u> . Death occurred at <u>5:26 p.m.</u> on the date stated above; and to the best of my knowledge from the causes stated.			

22a. SIGNATURE <u>L. W. Nichols MD</u> (Doctor or title)	22b. ADDRESS <u>Beaufort N.C.</u>	22c. DATE SIGNED <u>12-23-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/13/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ocean View</u>	23d. LOCATION (City, town, or county) (State) <u>Beaufort N.C.</u>
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24. DATE REC'D BY LOCAL REG. <u>12-23-58</u>	25. REGISTRAR'S SIGNATURE <u>Mrs. Sallie Thomas</u>	26. FUNERAL DIRECTOR <u>Brooks &amp; Mann</u> ADDRESS <u>Beaufort, N.C.</u>
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THIS COPY FOR STATE BOARD OF HEALTH

If there was no doctor in attendance, medical certification to be completed by local Health Officer, or Coroner, if inquest was held.