

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

70

1 PLACE OF DEATH Registration District No. 26-2189
 County Currituck State _____ Register No. 330
 Township _____ or Village _____ or _____
 City Fayetteville, N.C. No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME Luke Hoine
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex M 4 Color or Race White 5 Single, Married, Widowed, or Divorced Single (write the word)

5a If married, widowed, or divorced Husband of (or) Wife of _____

6 Date of Birth (month, day, and year)

7 Age about 21 years Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8 Occupation of deceased

(a) Trade, Profession, or particular kind of work fireman

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 Birthplace (city or town) _____ (State or country) _____

10 Name of Father Don't know

11 Birthplace of Father (city or town) _____ (State or country) _____

12 Maiden Name of Mother Don't know

13 Birthplace of Mother (city or town) _____ (State or country) _____

14 Informant Al. Allgood m.d. (Address) Currituck

15 Filed 12/30/29 N. M. Swales REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Dec 21 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1929, to Dec 21, 1929 that I last saw him alive on Dec 21, 1929 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

fractured skull

(duration) yrs. mos. ds. accident

Contributory (SECONDARY) caused by a falling (duration) yrs. mos. ds. wall

18 Where was disease contracted If not at place of death? 1888

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Al. Allgood m.d. M. D. 12/30/29 (Address) Fayetteville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal The Hill

Date of Burial Dec 29

20 Undertaker Loyd Breece

Address Fayetteville, N.C.