

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County New Hanover Registration District No. 65-2464 Certificate No. 379
 Township _____ or Village _____
 City Wilmington No. 416 Walnut St. 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

George Schnibben
 (a) Residence: No. 416 Walnut St. Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
 HUSBAND of Marie S. Schnibben
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 28th 1874

7. AGE Years 58 Months 4 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Freisenhuettel
 (State or country) Germany

13. NAME G. Schnibben

14. BIRTHPLACE (city or town) Germany
 (State or country)

15. MAIDEN NAME Mita Von Ohson

16. BIRTHPLACE (city or town) Germany
 (State or country)

17. INFORMANT Chief Chas. Schnibben
 (Address) Wilmington, N.C.

18. BURIAL, CREMATION, OR REMOVAL
 Place Cahdale Date Oct 1, 1932

19. UNDERTAKER Worbin - Andrews Co
 (Address) City

20. FILED 10-1- 1932 A. H. Halliday
 REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932 to Sept 29, 1932
 I last saw him alive on Sept 29, 1932, death is said to have occurred on the date stated above, at 9:45 p.m.

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

Chronic alcoholism Date of onset ?

Contributory causes of importance not related to principal cause:

Bronchitis-pneumonia 9/27/32

Name of operation _____ date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. J. Evans M. D.

(Address) Wilmington, N.C.