

OCT 6 1972

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

34107

REGISTRATION DISTRICT NO. 65-90 LOCAL NO.

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED Burleigh Arlendo Scotton			DATE OF DEATH September 24, 1972		
2. SEX Male	3. COLOR OR RACE White	4. STATE OF BIRTH North Carolina	5. DATE OF BIRTH January 25, 1914	6. AGE IN YEARS LAST BIRTHDAY 58	7. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
8. PLACE OF DEATH COUNTY New Hanover CITY OR TOWN Wilmington		9. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina COUNTY New Hanover			
10. NAME OF HOSPITAL OR INSTITUTION New Hanover Mem Hospital		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	12. CITY OR TOWN Wilmington		13. STREET ADDRESS OR R.F.D. No. 1 Lee Drive
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Clarice Leonard		16. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
17. CITIZEN OF WHAT COUNTRY? U.S.A.		18. SOCIAL SECURITY NUMBER		19. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Officer - Wilmington Fire Department	
20. FATHER'S NAME Jacob Hampton Scotton			21. MOTHER'S MAIDEN NAME Annie B. Langley		
22. INFORMANT'S NAME AND ADDRESS Mrs. Clarice Leonard Scotton, 1 Lee Drive, Wilmington, N.C.					

STATE BOARD OF HEALTH COPY

PART I. DEATH CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

(a) IMMEDIATE CAUSE H107 Myocardial infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 hours
(b) DUE TO, OR AS A CONSEQUENCE OF	
(c) DUE TO, OR AS A CONSEQUENCE OF	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	19b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	19c. AUTOPSY? (YES OR NO) NO	19d. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. TIME OF INJURY	20b. INJURY AT WORK (SPECIFY YES OR NO)	20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	20d. CITY OR R.F.D. COUNTY STATE

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 9/24/72 TO 9/24/72 AND LAST SAW HIM (OR HER) ALIVE ON 9/24/72 DEATH 8:10 PM		22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT M. ON 19	
23a. SIGNATURE OF CERTIFIER Robert E. Piggall MD		23b. DATE SIGNED 9/25/72	
23c. ADDRESS Wilmington, N.C.		23d. LICENSE NO. 132	

24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE 9-26-1972	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Mausoleum	24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wilmington, N.C.
25. FUNERAL HOME Andrews Mortuary, Wilmington, N.C.		26. SIGNATURE OF FUNERAL DIRECTOR John J. Lockhart	
27. DATE REC'D BY LOCAL REG. SEP 26 1972		28. SIGNATURE OF EMBALMER John J. Lockhart	
		29. LICENSE NO. 501	