

PLACE OF DEATH:

STATE OF NORTH CAROLINA  
STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

392

County Lincoln CITY Lincolnton  
CERTIFICATE AND RECORD OF DEATH.

No. 12 Street W. 2nd Ward 624

Registered No. 12

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH 7 Months 8 Days 1889 Year

AGE 21 Years 11 Months 18 Days

OCCUPATION Silk mill operator  
Trade, profession, or particular kind of work

BIRTHPLACE Germany  
(State or country)

NAME OF FATHER Wm. J. Jones

BIRTHPLACE OF FATHER Germany  
(State or country)

MAIDEN NAME OF MOTHER Mary Neeson

BIRTHPLACE OF MOTHER Ireland  
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Jones

(Address) Lincolnton

Filed 22 1911 Register

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 27th 1911 to June 18 1911  
that I last saw h. alive on June 18th 1911

and that death occurred, on the date stated above, at 15 M.

The CAUSE OF DEATH \* was as follows: Submucosa

(Duration) 1 Yrs. 1 Mos. 1 ds.

CONTRIBUTORY (Secondary)

(Signed) J. H. Bennett M. D.

(Address) Lincolnton

\*States the Disease Causing Death, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) \_\_\_\_\_ In the \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ ds.

At place of death \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ ds.

Where was disease contracted? \_\_\_\_\_

Place of BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL July 23 1911

ADDRESS Lincolnton