

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

89

I. PLACE OF DEATH

County Beaufort Registration District No. 57-70 Certificate No. 208
 Township Washington or Village _____
 City Washington No. _____ 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

Robt. J. Manning 552
 (a) Residence: No. North Bonner St St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

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 (or) WIFE of Mrs Lena Manning
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 66

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Computer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66
 10. Date deceased last worked at this occupation (month and year) Dec 17 11. Total time (years) spent in this occupation _____

MOTHER

FATHER

12. BIRTHPLACE (city or town) Plymouth NC (State or country) _____
 13. NAME Robt J Manning
 14. BIRTHPLACE (city or town) Plymouth NC (State or country) _____
 15. MAIDEN NAME Allie McLaughlin
 16. BIRTHPLACE (city or town) Washington Co (State or country) _____
 17. INFORMANT Mrs Robt Manning (Address) Washington NC

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Dale Date Dec 19, 1935

19. UNDERTAKER

(Address) Cherry Tree Co
Washington NC

20. FILED

Dec 19, 1935 J. M. McKinnis
REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.

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

Lied sudden before the Doctor arrived in the presence of friends. Inquest not necessary. No signs foul play

Contributory causes of importance not related to principal cause: _____

Hypotensia

Name of operation None date of _____

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

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury _____, 19____

Where did injury occur? on boat

(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 Beaufort County

(Signed) F. J. Paul Coroner

(Address) Washington, N.C.

MARGIN RESERVED FOR BINDING

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.