

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

JOHN ANDREW JENKINS

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N. B.—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.

B. V. S.—Form 7

1 PLACE OF DEATH 23

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS 363

County Cleveland
Township No 7
or Town _____
or City _____ (No. _____) (If death occurs in a hospital or other institution, give name instead of street number)

CERTIFICATE OF DEATH

Registration District No. 23-5283 26471 Certificate No. 32

2 FULL NAME John Andrew Jenkins 525 ✓

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
3 MALE OR FEMALE <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>single</u>	16 DATE OF DEATH <u>Dec 17 1919</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>Mar 15 1899</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 12 1919 to Dec 15 1919</u> that I last saw him alive on <u>Dec 15 1919</u> and that death occurred on the date above stated, at <u>10 a. m.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia Lobar</u> (92)
7 AGE <u>20 yrs. 9 mos. 4 ds.</u>		If LESS than 1 day, ... hrs. or ... min.	(Duration) ... yrs. ... mos. ... ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farming</u>			Contributory ... (Duration) ... yrs. ... mos. ... ds.
9 BIRTHPLACE <u>N.C.</u>			(Signed) <u>E. C. Champion</u> , M. D. <u>Dec 31 1919</u> (Address) <u>Woodsboro N.C.</u>
PARENTS	10 NAME OF FATHER <u>E Miller Jenkins</u>	11 BIRTHPLACE OF FATHER (State or Country) <u>N.C.</u>	*State the DISEASE CAUSING DEATH, (1) in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	12 NAME OF MOTHER BEFORE MARRIAGE <u>Fannie Dye</u>	13 BIRTHPLACE OF MOTHER (State or Country) <u>N.C.</u>	18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence _____
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Inez Jenkins</u> (Address) <u>Lattimore N.C.</u>		
15 Filed <u>Jan 3 1920</u> J. B. Lattimore Registrar.			20 UNDERTAKER <u>Hammock Bros & Co</u> ADDRESS <u>Lattimore N.C.</u>

GENDER: MALE
RACE: WHITE
AGE: 20
BIRTH DATE: 15 MAR 1899
BIRTH PLACE: NORTH CAROLINA, UNITED STATES
DEATH DATE: 17 DEC 1919
DEATH LOCATION: SANDY RUN, CLEVELAND
FATHER'S NAME: ELI MILLER JENKINS
MOTHER'S NAME: FANNIE DYE