

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**STANDARD CERTIFICATE OF DEATH**

NOT FOR  
25

1 PLACE OF DEATH  
County Moore Registration District No. 03-5-836 State \_\_\_\_\_ Register No. 9  
Township Beersalem or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME Isham Sanders  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Widowed  
6 Date of birth (month, day, and year) Mar 27-1834  
7 Age years Months Days If LESS than 1 day, hrs. or min.  
88 11 21  
8 Occupation of deceased  
(a) Trade, Profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer  
9 Birthplace (city or town) Moore Co  
(State or country) N.C.  
10 Name of Father Hardy Sanders  
11 Birthplace of Father (city or town) Moore Co  
(State or country) N.C.  
12 Maiden Name of Mother Sallie Smith  
13 Birthplace of Mother (city or town) Moore Co  
(State or country) N.C.  
14 Informant H. B. Sanders  
(Address) Eagle Springs N.C.  
15 Filed 4/4 1923 B. Deaton  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Mar 18 1919  
17 I HEREBY CERTIFY, That I attended deceased \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH\* was as follows:  
Old Age  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos.  
Contributory (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos.  
18 Where was disease contracted if not at place of death? \_\_\_\_\_  
Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) No Physician  
. 19 (Address)  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)  
19 Place of Burial, Cremation, or removal Brown's Chapel Cemetery Date of Burial 3/19/19  
20 Undertaker W. R. Kennedy Address Hemp

MARGIN RESERVED FOR BINDING  
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. TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCURRING CAUSE OF DEATH IS VERY IMPORTANT