

1 PLACE OF DEATH

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

130

9499

County Johnston  
Township Reynolds  
or  
Town \_\_\_\_\_  
or  
City \_\_\_\_\_

Registration District No. 572667

Certificate No. 11

(If death occurs in a hospital or other institution, give name instead of street number)

2 FULL NAME Archie Lee Kent

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 MALE OR FEMALE Male  
4 COLOR OR RACE Black  
5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)

16 DATE OF DEATH Mar 6 1920  
(Month) (Day) (Year)

6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_

7 AGE 44  
IF LESS than 1 day \_\_\_\_\_ or \_\_\_\_\_

that I last saw him \_\_\_\_\_ and that death occurred on the date above stated, at \_\_\_\_\_

8 OCCUPATION Farmer  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:  
Influenza Pneumonia

9 BIRTHPLACE NC

(Duration) 10 years

10 NAME OF FATHER Ned Kent

Contributory \_\_\_\_\_

11 BIRTHPLACE OF FATHER NC  
(State or Country)

(Signed) Dr. S. C. Yeary M. D.

12 NAME OF MOTHER BEFORE MARRIAGE Sydia Barnes

(Address) Kentley NC

13 BIRTHPLACE OF MOTHER NC  
(State or Country)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (for Hospital, Institution, Transients or Recent Residents)  
At place of death \_\_\_\_\_ In the \_\_\_\_\_ State \_\_\_\_\_  
Where was disease contracted, if not at place of death?  
Home or usual residence \_\_\_\_\_

(Signature) Sydia Kent  
(Address) Kentley NC

19 PLACE OF BURIAL OR REMOVAL Yam. Cemetery DATE OF BURIAL Mar 6 1920

15 TIME \_\_\_\_\_

20 UNDERTAKER \_\_\_\_\_ ADDRESS Kentley NC

RECORD  
CERTIFICATE OF DEATH should state CAUSE OF DEATH in plain terms, so that it may be read as a statement of OCCUPATION is very important.