

CERTIFICATE OF DEATH

259

1. PLACE OF DEATH:				Registration Dist. No. <u>34-95</u> Certificate No. <u>333</u>			
(a) County <u>Forsyth</u>				2. HOME (USUAL RESIDENCE) OF DECEASED:			
(b) Township _____ (If in town limits, leave blank)				(a) State <u>N. C.</u> (b) County <u>Forsyth</u>			
(c) City or town <u>Winston-Salem</u> (If outside city or town limits, write RURAL)				(c) City or town <u>Winston-Salem</u>			
(d) Street, hospital or institution <u>704 Clover St.</u>				(d) Street or R.F.D. <u>704 Clover St.</u>			
(e) Length of stay in hospital or institution _____ (Yrs., mos., or days)				(e) Is place of residence in corporate limits? <u>Yes</u>			
In this community _____ (Yrs., mos., or days)				(f) If foreign born, how long in U.S.A.? _____ years.			
3(a) FULL NAME <u>MRS. LETTIE LASH HAIRSTON DUNKLEE</u>							
3(b) If veteran, name war _____				3(c) Social Security No. _____			
4. Sex <u>Female</u>		5. Color or Race <u>White</u>		6(a) Single, married, widowed, or divorced. <u>Widowed</u>			
6(b) Name of husband or wife <u>F. G. Dunklee</u>							
(c) Age of husband or wife if alive _____ years.							
7. Birth date of deceased <u>March 29, 1879</u> (month, day and year)							
8. AGE: Years <u>64</u>		Months <u>0</u>		Days <u>29</u>		If less than one day hrs. _____ min.	
9. Birthplace <u>Walnut Cove, N. C.</u> (City, town, or county) (State or foreign country)							
10. Usual occupation <u>Domestic</u>							
11. Industry or business _____							
12. Name <u>Cabel Hairston</u>							
13. Birthplace <u>N. C.</u>							
14. Maiden Name <u>Powell Lash</u>							
15. Birthplace <u>N. C.</u>							
16(a) Informant's Signature <u>Mrs. John Gilmer</u>							
(b) Address <u>Winston-Salem, N. C.</u>							
17(a) <u>Burial</u> (b) Date thereof <u>4-29-43</u> (Burial, cremation, or removal) (Month, day, year)							
(c) Cemetery <u>Salem Cemetery</u>							
(d) Location <u>Winston-Salem, N. C.</u>							
18(a) Funeral director <u>Frank Vogler and Sons</u>							
(b) Address <u>Winston-Salem, N. C.</u>							
19(a) <u>MAY 5 1943</u> (b) <u>W. Carlton</u> Filed (c) Registrar							
				MEDICAL CERTIFICATION			
				20. Date of death <u>April 28</u> 19 <u>43</u> , at <u>2:20 P.</u> M.			
				21. I certify that death occurred on the date above stated; that I attended deceased from <u>April 15</u> 19 <u>43</u> to <u>April 28</u> 19 <u>43</u> and that I last saw her alive on <u>April 28</u> 19 <u>43</u>			
				Immediate cause of death <u>Cerebral thrombosis</u>			
				Due to _____			
				Due to _____			
				Other conditions <u>Cerebral arteriosclerosis</u> (Include pregnancy within 3 months of death)			
				Major findings: Of operations _____			
				Of autopsy _____			
				22. If death was due to external causes, fill in the following:			
				(a) Accident, suicide, or homicide (specify) _____			
				(b) Date of occurrence _____			
				(c) Where did injury occur? _____ (City or town) (County) (State)			
				(d) Did injury occur about home, on farm, in industrial place, in a public place? _____ (Specify type of place)			
				While at work? _____			
				(e) Means of injury _____			
				23. Signature <u>W. Carlton</u> M.D. Address <u>Winston-Salem</u> Date signed <u>May 2, 1943</u>			