

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
CERTIFICATE OF DEATH

028

Registration District No. 065-07 Local No. _____

Type, or print in permanent black ink

1. Name of Deceased First Middle Last Lila Mason King			Sex Female	Date of Death Month, Day, Year 3 October 2, 1981		
2. Color or Race Cauc.	3. State of Birth (If not U.S.A., give Country) No. Carolina	4. County of Birth New Hanover	5. Date of Birth January 6, 1891	6. Age in Years 90	7. Under 1 year Months	8. Under 2 years Months
9a. Place of Death - County New Hanover	9b. City or Town Wilmington	10. Name of Hospital or Institution (If not in city, give street and number) Cape Fear Memorial Hosp.		11. Inside City Limits IP	12. Inside City Limits NO	
13. Residence - State No. Carolina	14. County New Hanover	15. City or Town Wilmington	16. Street and Number or R.F.D. & Box No. 9d. 116 Spring Ave.		17. Inside City Limits Yes	
18. Citizen of What Country U.S.A.		19. Married, Never Married, Widowed, Divorced (Specify) Widowed		20. Surviving Spouse (If Wife, Give Maiden Name) -----		
21. Social Security Number		22. Usual Occupation (Kind of work done during most of the year, except return) Homemaker	23. Kind of Business or Industry Own Home		24. Was Deceased ever in U.S. Armed Forces? NO	

DECEASED

PARENTS

25. Father's Name Ludwig Lawson Mason	26. Mother's Maiden Name Hester Walker
27. Informant's Name and Address Mrs. Clarice Taub,	
28. Relation to Deceased Daughter	

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.

(a) Immediate Cause: *Cerebral Thrombosis*

(b) Due to, or as a consequence of: *high blood pressure*

(c) Due to, or as a consequence of: *atherosclerosis*

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I (a).

29a. Autopsy performed	29b. If yes, were findings considered in determining cause of death	30. Was case referred to Medical Examiner (Yes or No)	31. Time of Death 10:30 PM
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SIGNATURE

Sign with permanent black ink.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

32. Name and Title of Certifier (Type or Print) JAMES L. SNYDER, M.D.	33. Address 1515 DOCTOR'S CIRCLE, WILM, NC
34. Signature of Certifier <i>[Signature]</i>	35. Date Signed 10/1/81