CERTIFICATE OF DEATH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20520

1. PLACE OF DEATH
County of Hampton
Township of Pepler
or
Inc. Town of Brunson
or
City of

Registration District No. 2402 Registered No. 85
(For use of Local Registrar)
(No. St.; Ward) (If death occurred in a Hospital or institution give its NAME instead of street and number.)

2. FULL NAME Julia Whitlock

Residence—In City Yrs. Mos. Days

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ Married (Write the word)
6. DATE OF BIRTH (Month) (Day) 1 (Year)
7. AGE 56 yrs. mos. dys. IF LESS than 1 day hrs. or min.
8. OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer)
9. BIRTHPLACE (State or Country) Hampton

PARENTS
10. NAME OF FATHER Ransome Gunn
11. BIRTHPLACE OF FATHER (State or country) Hampton County
12. MAIDEN NAME OF MOTHER Rhina Harvey
13. BIRTHPLACE OF MOTHER (State or country) Hampton County

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joan X Whitlock
(Address) Brunson SC

15. FILED
12/19 Dec 19, 1927 F W Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November (Month) 25 (Day) 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23 1927 to Nov 25, 1927 that I last saw her alive on Nov 25th, 1927, and that death occurred, on the date stated above, at 12 30 P.m. The CAUSE OF DEATH* was as follows:
Acute Endocarditis
(Duration) yrs. mos. 60 days
Contributory (SECONDARY) Syphilitic infection
(Duration) yrs. 6 mos. days

18. Where was disease contracted if not at place of death?
Did operation precede death? no date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) W A Reeves
19 (Address) Hampton SC

*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

19. Place of Burial or Removal Brunson SC
DATE OF BURIAL Nov 27, 1927
20. UNDERTAKER Hampton Und Co
ADDRESS Hampton SC

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. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important (See instructions on back of certificate.)

theria (avoid use of "Croup"), Typhoid Fever (never