B.V.S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

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1. PLACE OF DEATH
County New Hanover Registration District No. 65-2464 Certificate No. 252
Township or Village
City Wilmington No. [illegible] St. Ward
(If death occurred in a hospital or institution, give its Name instead of street and number)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Schnibben 615
(a) Residence: No. 317 Dock St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 7th 1867

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
66	4	10	

OCCUPATION
8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Chief 80-93
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Wil. - Fire Dept.
10. Date deceased last worked at this occupation (month and year) June 16th 1933 11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) Fairisenbuttle
(State or country) Germany

FATHER
13. NAME Gerwart Schnibben
14. BIRTHPLACE (city or town) Hamburg
(State or country) Germany

MOTHER
15. MAIDEN NAME Metta Von Osenna
16. BIRTHPLACE (city or town) Hamburg
(State or country) Germany

17. INFORMANT Martin Schnibben
(Address) Wilmington N.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdale Date June 19th 1933

19. UNDERTAKER Andrews Mortuary
(Address) Wilmington N.C.

20. FILED 6-19- 1933 [illegible] REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 945 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Automobile Accident	6/16-33
Compound fracture of the skull + internal injuries	

Contributory causes of importance not related to principal cause:

Name of operation ... date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 6/16, 1933
Where did injury occur? Wilmington NC
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Automobile accident
Nature of injury Compound fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) A.W. Allen Coroner M.D.
(Address) Wilmington N.C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.