

PAR ID	OWNER NAME			DATE	DEED BOOK	PAGE
002671	BRINSON MILDRED L HEIRS & EUGENE ARNOLD			22-JUL-47	212	470
MAP	PARCEL	C/O ROBIN ARNOLD MOSES				
433-117						
ORTHO						
437720						
TOWNSHIP						
JACKSONVILLE						
SPLIT FROM						

PROPERTY ADDRESS	HARGETT ST
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ORIGINAL DEEDED ACREAGE	DATE	MB.	PG.	SUBDIVISON NAME	SECTION	PHASE	BLOCK	UNIT	LOT
ORIGINAL CALCULATED AC.		02	034	WARLICK MILDRED					
LESS & EXCEPT									
REMAINING AC.								0.3	

SPLITS, CONSOLIDATIONS, ACREAGE ADJUSTED	REFERENCE	ACREAGE	SPLITS, CONSOLIDATIONS, AC, ADJUSTED CONTINUED	REFERENCE	ACREAGE
	D.B.		SPLIT	D.B.	
	PG.		REMAINS	PG.	
	D.B.		SPLIT	D.B.	
	PG.		REMAINS	PG.	
	D.B.		SPLIT	D.B.	
	PG.		REMAINS	PG.	

REMARKS:

CERTIFICATE OF DEATH

205

Registration District No. 067-80 Local No.

1. <u>Mildred Hemmingway</u>		SEX 2. <u>F</u>	DATE OF DEATH (Month, Day, Year) 3. <u>July 19 1999</u>
SOCIAL SECURITY NUMBER [REDACTED]	AGE—Last Birthday (Years) 5. <u>87</u>	UNDER 1 YEAR Months Days 6a. <u>6</u> <u>23</u> <u>19/23</u>	DATE OF BIRTH (Month, Day, Year) 6. <u>April 23, 1912</u>
7. <u>Onslow, N.C.</u>		BIRTH PLACE (County and State or Foreign Country)	
8. <u>No</u> ARMED FORCES? (Yes or No)			
9. <u>No</u> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
FACILITY NAME (If not institution, give street and number) 9b. <u>Britt Haven of Jacksonville</u>		CITY, TOWN, OR LOCATION OF DEATH 9c. <u>Jacksonville</u>	INSIDE CITY LIMITS? 9d. <u>yes</u>
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) 10. <u>Widowed</u>		SURVIVING SPOUSE (If wife, give maiden name) 11. <u>—</u>	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. <u>Head House Keeper</u>
RESIDENCE—STATE 13a. <u>NC</u>		COUNTY 13b. <u>Onslow</u>	CITY, TOWN, OR LOCATION 13c. <u>Jacksonville</u>
STREET AND NUMBER 13d. <u>1614 Hargett St.</u>		INSIDE CITY LIMITS? 13e. <u>yes</u>	ZIP CODE 13f. <u>28540</u>
Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify) 14. <u>No</u>		RACE—American Indian, Black, White, Etc. (Specify) 15. <u>Black</u>	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) 16. <u>12th</u>
FATHER'S NAME (First, Middle, Last) 17. <u>Nebachadnezzar Arnold</u>		MOTHER'S NAME (First, Middle, Maiden Surname) 18. <u>Mary Brown</u>	
INFORMANT'S NAME (Type/Print) 19a. <u>Neop Arnold</u>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. <u>127 Arnold Rd Jacksonville NC 28570</u>	DATE AMENDED 19c. <u>—</u>
Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)			Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>SEPSIS</u> DUE TO (OR AS A CONSEQUENCE OF):			<u>1 wk</u>
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b. <u>URINARY TRACT INFECTION</u> DUE TO (OR AS A CONSEQUENCE OF):			<u>1 wk</u>
c. <u>Multiple Decubitus Ulcers</u> DUE TO (OR AS A CONSEQUENCE OF):			<u>2 yrs</u>
20a. d.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.			
20b. <u>DEGENERATIVE DEMENTIA</u>			TIME OF DEATH
AUTOPSY? (Yes or No) 21a. <u>No</u>		If yes, were findings considered in determining cause of death? 21b. <u>—</u>	Was case referred to Medical Examiner? (Yes or No) 21c. <u>No</u>
22. <u>—</u> M.			
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 DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.			
SIGNATURE AND TITLE OF CERTIFIER 23a. <u>W.R. Turlington</u>			DATE SIGNED (Month, Day, Year) 23b. <u>07/20/99</u>
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) <u>W.R. TURLINGTON, MD 200 DOCTORS DRIVE-SUITE M JACKSONVILLE, NC 28546</u>			
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b. <u>Georgetown Memorial Park</u>	LOCATION—City or Town, State, Zip Code 25c. <u>Jacksonville NC 28540</u>
NAME AND ADDRESS OF FUNERAL HOME 26a. <u>McIver's Jacksonville, N.C.</u>		SIGNATURE OF FUNERAL DIRECTOR 26b. <u>Jan McIver Washington</u>	LICENSE NUMBER 26c. <u>FS-1614</u>
REGISTRAR'S SIGNATURE <u>Shirley Shepard Deputy</u>		DATE FILED (Month, Day, Year) 28. <u>7-20-99</u>	SIGNATURE OF EMBALMER 26d. <u>Randy Jarman</u>
			LICENSE NUMBER 26e. <u>FS 1201</u>

AGENT

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION

DEHNR 1872 (Revised 3/96 Review 2/99) VITAL RECORDS

Mildred Arnold Brinson Hemmingway
 no children
 no spouse
 no will
 Eleven Brothers + Sisters

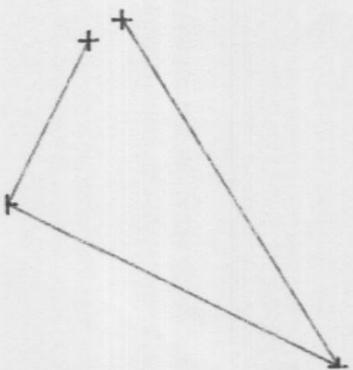
GNBLOW 1" = 100 Tract - 1
DB : 212 P6 : 470 Plotter : PEH

	Bearing	Distance
1	SE 30 52 0	233.00
2	NW 62 34 0	210.00
3	NE 27 32 0	104.00

Closing : NE 88 34 21.7
Error : 3.8 %
.309 Acres
Folder : 0

N

1/1



Public, personally seen Milton Jordan, who being an excellent witness, says that he is President of the Kyrreau Lake Corporation (which is a North Carolina Corporation) and that the seal affixed to the foregoing instrument of writing is the proper seal of said company, and that said writing was signed and sealed to him in behalf of the said corporation of the authority fully given.

And the said Milton Jordan acknowledged the said writing to be the act and deed of the said corporation.

N. P. Seal
 No. Comm. Ex. March 30, 1944

Christos F. Kilpulos, Notary Public,

NORTH CAROLINA
 ONSLOW COUNTY:

The foregoing certificate of Christos F. Kilpulos, a Notary Public of New York is adjudged to be correct and sufficient. Let the instrument together with certificates be registered.

Witness my hand and seal this 22 day of July, 1947.

Norm F. Phillips, Asst. Clerk Superior Court.

Filed for registration at 1 o'clock P. M. July 22, 1947 and duly recorded July 22, 1947.

J. B. Merrill, Register of Deeds.

WARRANTY DEED

WILLIAM THOMAS & WIFE
 TO
 MILDRED L. BRINSON

NORTH CAROLINA
 ONSLOW COUNTY:

THIS DEED, Made this 21st day of July, A.D. 1947 by William Thomas and Tena (some times spelled Tina) Thomas, his wife, of Onslow County and State of North Carolina, parties of the first part, to Mildred L. Brinson and Eugene F. Arnold (her brother) of Onslow County and State of North Carolina, parties of the second part:

WITNESSETH, that said parties of the first part in consideration of One Hundred Dollars, and other valuable considerations to them paid by said parties of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do grant, bargain, sell and convey to said parties of the second part, their heirs and assigns in equal undivided shares, all the lots or parcels of land in Jacksonville Township, Onslow County, State of North Carolina, adjoining the lands of Nep Arnold, and others, located a short distance in an easterly or northeasterly direction from the Town of Jacksonville, and bounded as follows, viz:

FIRST LOT, Being triangular in shape, lying on the easterly (or southeasterly) side of the old New Bern Road and bounded by a line beginning in the easterly (or southeasterly) side of said road at the northwesterly corner of west 1a known as the Nep Arnold lot; running thence South 30 degrees 52 minutes east 235 feet to an iron stake in said Arnold line; running thence North 02 degrees 30 minutes West 210 feet to the said old New Bern Road; running thence with the said road, North 27 degrees 22 minutes east 104 feet to the beginning; being composed of Lot 6 of East Jacksonville, as shown by a map which is recorded in Book of Maps No. 2, at page 34, in the office of the Register of Deeds of Onslow County, North Carolina, and also being Lots 5 and 6 as shown by another map which is recorded in Book of Maps No. 2, at page 120, in the office of the said Register of Deeds.

SECOND LOT, Beginning at the southerly (or southeasterly) corner or tip end of the lot described in the preceding paragraph, in the westerly line of west 1a known as the Nep Arnold lot; running thence along the line of said Arnold lot, south 16 degrees 52 minutes east, 147 1/2 feet to the Nep Arnold southwesterly corner in the line of Lot No. 301 as shown by the maps hereinafter referred to; running thence with the line of said Lot No. 301 South 54 degrees West about 75 feet to the easterly line of Sturtevant Road or strip; running thence along the said Road about North 51 degrees west 100 feet to the corner of Lot No. 3 as shown by said maps; running thence with the end lines of Lots No. 3 and 7 about North 27 degrees 22 minutes east 47 1/2 feet to the point of beginning, containing 9639 square feet; more or less, and being Lot No. 300 as shown by the maps of East Jacksonville, one recorded in Book of Maps No. 2, at page 34, and one in Book of Maps No. 2 at page 120 in the office of the Register of Deeds of Onslow County North Carolina.