

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIAN 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.

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS			
STANDARD CERTIFICATE OF DEATH		443	21119
1 PLACE OF DEATH #		Registration District No. <u>23-280</u>	Register No. <u>2</u>
County <u>Lincoln</u>		State <u>NC</u>	
Township _____ or Village _____ or			
City <u>Lincolnton N.C.</u>		No. <u>Lincoln Hospital</u>	Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Mrs. Ada Hayes</u>			
(a) Residence. No. <u>Roundale</u>		St. _____	Ward _____
(Usual place of abode) (If nonresident give city or town and State)			
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.			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
3 Sex <u>female</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a If married, widowed, or divorced Husband of (or) Wife of <u>C. J. Hayes</u>			
6 Date of birth (month, day, and year) <u>Jan. 1, 1886</u>			
7 Age years <u>34</u>	Months <u>7</u>	Days <u>15</u>	If LESS than 1 day, hrs. or min.
8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>Housewife</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u>			
(c) Name of employer <u>X</u>			
9 Birthplace (city or town) (State or country) <u>Cleveland Co. N.C.</u>			
10 Name of Father <u>D. W. Digh</u>			
11 Birthplace of Father (city or town) (State or country) <u>Cleveland Co. N.C.</u>			
12 Maiden Name of Mother <u>Rosaline Rollins</u>			
13 Birthplace of Mother (city or town) (State or country) <u>Rutherford Co. N.C.</u>			
14 Informant <u>C. S. Digh</u> (Address) <u>Lincolnton N.C.</u>			
15 Filed <u>Sept 6, 1920</u> <u>W. F. Fugg</u> REGISTRAR			
16 Date of Death (month, day, and year) <u>Aug 15 1920</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 14</u> , 1920, to <u>Aug 15</u> , 1920 that I last saw her alive on <u>Aug 15, 9:20 AM 1920</u> and that death occurred, on the date stated above, at <u>10 AM</u> . The CAUSE OF DEATH* was as follows: <u>Nephritis (inflammation of kidneys) as a complication of pregnancy.</u> (duration) yrs. mos. ds. <u>1 2 0</u>	
Contributory (secondary) <u>3 mos pregnant nephritis 3 mos.</u> (duration) yrs. mos. ds.		18 Where was disease contracted <u>Lincolnton N.C.</u> if not at place of death? <u>born at Lincolnton N.C.</u> Did an operation precede death? <u>Yes</u> Date of <u>_____</u> Was there an autopsy? <u>Yes</u> What test confirmed diagnosis? <u>Chemical & laboratory</u> (Signed) <u>L. A. Brownell</u> , M.D. 19 (Address) <u>Lincolnton N.C.</u>	
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)			
19 Place of Burial, Cremation, or removal <u>Hallston</u>		Date of Burial <u>Aug 16 1920</u>	
20 Undertaker <u>The Starry Co.</u>		Address <u>Hallston N.C.</u>	

MRS. ADA DIGH HAYES

GENDER: FEMALE
 RACE: WHITE
 AGE: 34
 BIRTH DATE: 1 JAN 1886
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 15 AUG 1920
 DEATH LOCATION: LINCOLNTON, LINCOLN
 SPOUSE'S NAME: C J HAYES
 FATHER'S NAME: D W DIGH
 MOTHER'S NAME: ROSALINE ROLLINS