

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC - 6 1966 60-95 REGISTRAR'S CERTIFICATE NO. 2402 37185

REGISTRATION DISTRICT NO. 60-95 REGISTRAR'S CERTIFICATE NO. 2402

1. PLACE OF DEATH
a. COUNTY Mecklenburg b. TOWNSHIP Charlotte c. LENGTH OF STAY (in 1a) 11 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE N.C. b. COUNTY Mecklenburg

d. CITY OR TOWN Charlotte Is Place of Death Within City Limits? YES NO c. CITY OR TOWN Charlotte Is Place of Residence In City Limits? YES NO On a Farm? YES NO

e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3845 Avalon Ave. d. STREET ADDRESS OF R. F. D. NO. 3845 Avalon Ave.

3. NAME OF DECEASED (Type or Print) First Middle Last Charlie Dow Digh 4. DATE OF DEATH Month 11 Day 22 Year 66

5. SEX M 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 12-24-1898 9. AGE (In years last birthday) 67 10. IF UNDER 1 YEAR Months Days Hours Min. 11. IF UNDER 26 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Barber 11. BIRTHPLACE (State or foreign country) Cleveland Co., N.C. 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME John Digh 14. MOTHER'S MAIDEN NAME Margaret Carter NAME OF HUSBAND OR WIFE Monnie Bridges Digh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 246-03-9717 17. INFORMANT'S NAME AND ADDRESS Mrs. Monnie Bridges Digh-Charlotte, N.C.

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Sudden
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY OR TOWNSHIP COUNTY STATE

21. I attended the deceased from 19 to 19 and last saw him ~~him~~ Dead 11-22 1966
Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE *Wm Dummerell* (Degree or title) M.D., Coroner Charlotte, N.C. 22b. ADDRESS 22c. DATE SIGNED 11-29-66

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-23-1966 23c. NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery 23d. LOCATION (City, town, or county) (State) Charlotte N.C.

24. DATE REC'D BY LOCAL REP NOV 29 1966 25. REGISTRAR'S SIGNATURE *Monnie Bridges Digh* 26. FUNERAL HOME ADDRESS Hankins and Whittington Charlotte, N.C.

CHARLIE DOW DIGH

GENDER: MALE
RACE: WHITE
AGE: 67
BIRTH DATE: 24 DEC 1898
BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
DEATH DATE: 22 NOV 1966
DEATH LOCATION: CHARLOTTE, MECKLENBURG
SPOUSE'S NAME: MONNIE BRIDGES DIGH
FATHER'S NAME: JOHN DIGH
MOTHER'S NAME: MARGARET CARTER
RESIDENCE: CHARLOTTE, MECKLENBURG, NORTH CAROLINA