

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:
 Please write the causes of death clearly and legibly.

| R. V. S. Form 8 | | NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS | | 22353 |
|---|--|--|--|-------------|
| 8 SEP 7 1945 | | CERTIFICATE OF DEATH | | DR. HAMMICK |
| 1. PLACE OF DEATH: (a) County <u>Cleveland</u> (b) Township <u>7</u> (c) City or town <u>Lattimore</u> (d) Street, hospital or institution _____ (e) Length of stay in hospital or institution _____ In this community <u>All Life</u> | | Registration Dist. No. <u>93-06</u> Certificate No. <u>11</u> 2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State <u>N.C.</u> (b) County <u>Cleveland</u> (c) City or town <u>Lattimore</u> (d) Street or R.F.D. _____ (e) Is place of residence in corporate limits? <u>Yes</u> (f) If foreign born, how long in U.S.A.? _____ years. | | |
| 3(a) FULL NAME <u>Mrs. Edna Bridges Ramsey</u> 3(b) If veteran, same war _____ 3(c) Social Security No. _____ | | MEDICAL CERTIFICATION 20. Date of death <u>10/23/45</u> 19 <u>45</u> at <u>10:30p</u> M 21. I certify that death occurred on the date above stated; that I attended deceased from <u>10/15</u> 19 <u>45</u> to <u>10/23</u> 19 <u>45</u> and that I last saw her alive on <u>10/22</u> 19 <u>45</u> Immediate cause of death <u>epilepsy</u> Duration _____ Due to _____ Due to _____ Other conditions (Include pregnancy within 3 months of death) _____ Major findings: Of operations _____ Of autopsy _____ Underline the cause to which death should be charged statistically. | | |
| 4. Sex <u>Female</u> 5. Color or Race <u>White</u> 6(a) Single, married, widowed, or divorced. <u>Married</u> 6(b) Name of husband or wife <u>G. O. Ramsey</u> (c) Age of husband or wife if alive _____ years. 7. Birth date of deceased <u>Aug. 8, 1875</u> (month, day and year) 8. AGE: Years <u>70</u> Months _____ Days _____ If less than one day hrs. _____ min. _____ | | 9. Birthplace <u>Cleveland County N.C.</u> (City, town, or county) (State or foreign country) 10. Usual occupation <u>Domestic</u> 11. Industry or business <u>None</u> | | |
| FATHER 12. Name <u>Amos Bridges</u> 13. Birthplace <u>N.C.</u> MOTHER 14. Maiden Name <u>Amelia Roberson</u> 15. Birthplace <u>N.C.</u> | | 16(a) Informant's Signature <u>G. O. Ramsey</u> (b) Address <u>Lattimore, N.C.</u> 17(a) <u>Burial</u> (b) Date thereof <u>10/25/45</u> (Burial, cremation, or removal) (Month, day, year) (c) Cemetery <u>Plesant Ridge</u> (d) Location <u>Lattimore, N.C.</u> 18(a) Funeral director <u>Lutz - Austell</u> (b) Address <u>Shelby, N.C.</u> 19(a) <u>11-10-1945</u> (b) _____ Filed _____ Registrar _____ | | |
| | | 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (City or town) (County) (State) (d) Did injury occur about home, on farm, in industrial place, in a public place? _____ (Specify type of place) While at work? _____ (e) Means of injury _____ 23. Signature <u>Dr. Hammick</u> M.D. Address <u>Boiling Springs, N.C.</u> Date signed <u>11/1/45</u> | | |

**Mrs Edna Bridges
RAMSEY**

GENDER: FEMALE
 RACE: WHITE
 AGE: 70
 BIRTH DATE: 8 AUG 1875
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 23 OCT 1945
 DEATH LOCATION: LATTIMORE, CLEVELAND
 SPOUSE'S NAME: CLARENCE O RAMSEY
 FATHER'S NAME: AMOS BRIDGES ROBERSON
 MOTHER'S NAME: AMELIA ROBERSON
 RESIDENCE: LATTIMORE, CLEVELAND, NORTH CAROLINA