

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH ²³ County <u>Cleveland</u>		North Carolina State Board of Health BUREAU OF VITAL STATISTICS		316
Township <u>8</u>		CERTIFICATE OF DEATH		
Town _____		Registration District No. <u>23/5284</u>		Certificate No. <u>20</u>
City _____ (No. _____ St. _____ Ward _____)		FULL NAME <u>Elizabeth Priscilla Lucas</u>		
[If death occurred in a hospital or institution, give its NAME instead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, or DIVORCED <u>Married</u> <small>(Write the word)</small>	DATE OF DEATH <u>October 31, 1917</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>August 15, 1857</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, That I attended deceased from <u>Oct 18, 1917, to Oct 31, 1917</u>	
AGE <u>60 yrs. 2 mos. 16 ds.</u> <small>If LESS than 1 day, hrs. or min.</small>			that I last saw her alive on <u>Oct 31, 1917</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			and that death occurred on the date above stated, at <u>11 a.m.</u>	
EDUCATIONAL ATTAINMENTS <u>Common School</u>			The CAUSE OF DEATH* was as follows: <u>Cerebral Paralysis -</u> <u>Insulting Cerebral Hemorrhage</u>	
BIRTHPLACE <u>Cleveland Co NC</u>			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Witson Digh</u>		(Signed) <u>G. M. Gold</u> M. D. <u>Nov 1, 1917</u> (Address) <u>R 5 Shelby</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Cleveland Co NC</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
	MAIDEN NAME OF MOTHER <u>Jane Yarboro</u>		LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
	BIRTHPLACE OF MOTHER (State or Country) <u>Cleveland Co NC</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>F. J. Lucas</u>				
(Address) <u>R 1 Lawndale</u>				
Filed <u>Nov 1, 1917</u>			PLACE OF BURIAL OR REMOVAL <u>Oak Grove # 8</u>	
<u>S. S. Mauney</u> Registrar.			DATE OF BURIAL <u>Nov 1, 1917</u>	
			ADDRESS <u>R 5 Shelby NC</u>	

ELIZABETH PRISCILLA DIGH LUCAS

GENDER: FEMALE
 RACE: WHITE
 AGE: 60
 BIRTH DATE: 15 AUG 1857
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 31 OCT 1917
 DEATH LOCATION: 8, CLEVELAND
 FATHER'S NAME: WITSON DIGH
 MOTHER'S NAME: JANE YARBORO