

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS - RALEIGH
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

MAR 15 1974

REGISTRATION DISTRICT NO. 2380 LOCAL NO. _____

4547

COPY 1
OR STATE HEALTH DEPT.

81-00
220

1. NAME OF DECEASED
FIRST: Enzlie MIDDLE: Broughton LAST: Dycus

2. DATE OF DEATH (MONTH, DAY, YEAR)
Feb 27, 1974

3. SEX: M COLOR or RACE: W STATE OF BIRTH (IF NOT IN U.S.A. GIVE NAME AND COUNTRY): N.C. DATE OF BIRTH (LAST BIRTHDAY): APR 8, 1891 AGE (IN YEARS): 82 IF UNDER 1 YEAR: MONTHS: _____ DAYS: _____ IF UNDER 24 HOURS: HOURS: _____ MIN.: _____

4. PLACE OF DEATH COUNTY: Cleveland CITY OR TOWN: Shelby USUAL RESIDENCE STATE: N.C. COUNTY: Rutherford

5. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER): Cleveland Memorial Hospital INSIDE CITY LIMITS (SPECIFY YES OR NO): yes CITY OR TOWN: Ellenboro

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lucy Pannell Dycus STREET ADDRESS OR R.F.D. NO.: Rt. 1 INSIDE CITY LIMITS (SPECIFY YES OR NO): No

7. CITIZEN OF WHAT COUNTRY?: USA SOCIAL SECURITY NUMBER: 242-34-9932 USUAL OCCUPATION: KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED: farming (retired) KIND OF BUSINESS OR INDUSTRY: farming (retired)

8. FATHER'S NAME: John Robert Dycus MOTHER'S MAIDEN NAME: Elizz Teggineer

9. INFORMANT'S NAME AND ADDRESS: Bill Orlando Dycus, R-1, Ellenboro N.C. RELATION TO DECEASED: son

DECEASED

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)

10. (a) IMMEDIATE CAUSE: 4369 ✓ Cerebral vascular accident APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few minutes

11. (b) DUE TO, OR AS A CONSEQUENCE OF:

12. (c) DUE TO, OR AS A CONSEQUENCE OF:

13. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: (a) none known (b) AUTOPSY (SPECIFY) YES OR NO: No M.E. OR OTHER: _____ (c) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: _____

14. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY): Natural causes 21. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1B): Not applicable

15. TIME OF INJURY: MONTH: _____ DAY: _____ YEAR: _____ HOUR: _____ M: _____ INJURY AT WORK (SPECIFY YES OR NO): _____ PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)): _____ CITY OR R.F.D.: _____ COUNTY: _____ STATE: _____

16. MEDICAL EXAMINER CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

17. DEATH OCCURRED (HOUR): 2:40 P.M. THE DECEDENT WAS PRONOUNCED DEAD: MONTH: Feb DAY: 27 YEAR: 1974 HOUR: 2:15 P.M. DATE SIGNED: (MONTH, DAY, YEAR) Feb. 27, 1974

18. SIGNATURE: [Signature] ADDRESS: Cleveland Memorial Hospital, Shelby, N.C. MEDICAL EXAMINER OF (SPECIFY COUNTY): Cleveland

19. BURIAL, CREMATION, OTHER (SPECIFY): Burial DATE: March 1, 1974 NAME OF CEMETERY OR CREMATORY: Walls Baptist LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bostice N.C.

20. FUNERAL HOME: Washburn Funeral Home ADDRESS: Bostice, N.C. SIGNATURE OF FUNERAL DIRECTOR: Edward Washburn LICENSE NO.: 1547

21. DATE REC'D BY LOCAL REG.: 3-12-74 SIGNATURE OF REGISTRAR: [Signature] SIGNATURE OF EMBALMER (IF EMBALMED): [Signature] LICENSE NO.: 947

BURIAL CERTIFIER

FORM BX 71

**ENZLIE BROUGHTON
DYCUS**

GENDER: MALE
RACE: WHITE
AGE: 82
BIRTH DATE: 8 APR 1891
BIRTH PLACE: NORTH CAROLINA,
UNITED STATES
DEATH DATE: 27 FEB 1974
DEATH LOCATION: SHELBY,
CLEVELAND
SPOUSE'S NAME: LUCY PANNELL
DYCUS
FATHER'S NAME: JOHN ROBERT
DYCUS
MOTHER'S NAME: ELIZA TESSINEER
RESIDENCE: ELLENBORO,
RUTHERFORD, NORTH CAROLINA

GRANDSON OF ABNER GREEN
DYCUS & SUSANNAH DIGH