

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.

N. V. S. Form 8
 NORTH CAROLINA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

263

Registration Dist. No. 25-80 Certificate No. 3

1. PLACE OF DEATH:
 (a) County Cleveland
 (b) Township _____ (If in town limits, leave blank)
 (c) City or town Lawndale (If outside city or town limits, write RURAL)
 (d) Street, hospital or institution Shelby Hospital
 (e) Length of stay in hospital or institution _____ (Yrs., mos., or days)
 In this community entire life (Yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State NC (b) County Cleveland
 (c) City or town Lawndale, N.C.
 (d) Street or R.F.D. _____
 (e) Is place of residence in corporate limits? yes
 (f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME Emma C Hayes
 3(b) If veteran, name war _____ 3(c) Social Security No. _____

4. Sex Female **5. Color or Race** White **6(a) Single, married, widowed, or divorced** Married

6(b) Name of husband or wife Charlie Hayes
 (e) Age of husband or wife if alive 47 years.

7. Birth date of deceased March 8 1896
 (month, day and year)

8. AGE: Years 46 Months 9 Days 13 If less than one day hrs. _____ mins. _____

9. Birthplace Lawndale NC, (City, town, or county) (State or foreign country)

10. Usual occupation Home Wife

11. Industry or business _____

12. Name D. H. Crowder
13. Birthplace NC

14. Maiden Name Hester Dye
15. Birthplace NC

16(a) Informant's Signature Charlie Hayes
(b) Address Lawndale NC

17(a) Burial, cremation, or removal Funeral Home Church
(b) Date thereof 12/23/41 (Month, day, year)
(c) Cemetery _____
(d) Location North End

18(a) Funeral director The Young Co
(b) Address Fallston NC

19(a) Filed Jan 19 1942 **(b) Registrar** H. L. Weathers

MEDICAL CERTIFICATION

20. Date of death 12/21 1941, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4/41 19 to 12/21 1941
 and that I last saw h. or alive on 12/21/41 1941.

Immediate cause of death _____
Chronic Hemiplegia
Tuberculosis
 Due to Sub-acute Endocarditis
Cholelithiasis

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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 _____ M.D.
 Address _____ Date signed 1-6-42

EMMA CROWDER HAYES

GENDER: FEMALE
 RACE: WHITE
 AGE: 45
 BIRTH DATE: 8 MAR 1896
 BIRTH PLACE: LAWDALE, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 21 DEC 1941
 DEATH LOCATION: SHELBY, CLEVELAND
 SPOUSE'S NAME: CHARLIE HAYES
 FATHER'S NAME: D H CROWDER
 MOTHER'S NAME: HESTER DYE
 RESIDENCE: LAWDALE, CLEVELAND, NORTH CAROLINA