

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

6461

MAR 19 1969
REGISTRATION DISTRICT NO. 63-80 LOCAL NO. _____

8100
TYPE, OR PRINT IN PERMANENT BLACK INK
635
1-I
2

1. NAME OF DECEASED Eunice Digh Hardin			2. DATE OF DEATH 1-31-69		
3. SEX F	4. COLOR OR RACE W	5. STATE OF BIRTH N. C.	6. DATE OF BIRTH 12-12-1911	7. AGE IN YEARS LAST BIRTHDAY 58	IF UNDER 1 YEAR MONTHS _____ DAYS _____
3a. PLACE OF DEATH COUNTY Lee		3b. CITY OR TOWN Sanford	3c. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE N. C. COUNTY Rutherford		
8. NAME OF HOSPITAL OR INSTITUTION Lee County Hospital		9. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	9c. CITY OR TOWN Rutherfordton, N.C.		
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Joseph N. Hardin		12. STREET ADDRESS OR R.F.D. No. Rt. 2-Box 251		13. INSIDE CITY LIMITS (SPECIFY YES OR NO) No
12. CITIZEN OF WHAT COUNTRY? U. S. A.	13. SOCIAL SECURITY NUMBER Unknown	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Clerk	14b. KIND OF BUSINESS OR INDUSTRY Mercantile		
15. FATHER'S NAME George Pink Digh			16. MOTHER'S MAIDEN NAME Angela Daves		
17. INFORMANT'S NAME AND ADDRESS Mrs. Raymond Searcy Rt. 3 Box 173 Sanford, N. C.					
PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR 18a, 18b, 18c)					
18a. IMMEDIATE CAUSE Uremia				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
18b. DUE TO, OR AS A CONSEQUENCE OF nephritis					
18c. DUE TO, OR AS A CONSEQUENCE OF					
PART II. OTHER SIGNIFICANT CONDITIONS: CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (18)					
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		19b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		19c. AUTOPSY? (YES OR NO) no	
20a. TIME OF INJURY		20b. INJURY AT WORK (SPECIFY YES OR NO)		20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	
20d. DATE		20e. CITY OR R.F.D.		20f. COUNTY	
20g. STATE		20h. Sanford Lee		20i. N.C.	
21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 1-25-69 TO 1-31-69 AND LAST SAW HER ALIVE ON 1-31-69 DEATH OCCURRED AT 7 AM ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.			22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED.		
23a. SIGNATURE OF CERTIFIER <i>Augustine Delich</i>		23b. DEGREE OR TITLE MD	23c. DATE SIGNED 2/29/69	23d. ADDRESS Sanford N.C.	
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		24b. DATE 2-2-1969	24c. NAME OF CEMETERY OR CREMATORY Lebanon Bapt. Church		24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Rutherford Co. N. C.
25. FUNERAL HOME McMahan's Rutherfordton, N.C.		26. SIGNATURE OF FUNERAL DIRECTOR <i>Walter C. McJunkin</i>		27. LICENSE NO. 859	
28. DATE REC'D BY LOCAL REG. 2-24-69		29. SIGNATURE OF REGISTRAR <i>D. David Garrison</i>		30. LICENSE NO. 1036	

STATE BOARD OF HEALTH OF HEALTH COPY
583X
CAUSE
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EUNICE DIGH HARDIN

GENDER: FEMALE
RACE: WHITE
AGE: 57
BIRTH DATE: 12 DEC 1911
BIRTH PLACE: NORTH CAROLINA, UNITED STATES
DEATH DATE: 31 JAN 1969
DEATH LOCATION: SANFORD, LEE
SPOUSE'S NAME: JOSEPH N HARDIN
FATHER'S NAME: GEORGE PINK DIGH
MOTHER'S NAME: ANGELA DAVES
RESIDENCE: RUTHERFORDTON, RUTHERFORD, NORTH CAROLINA