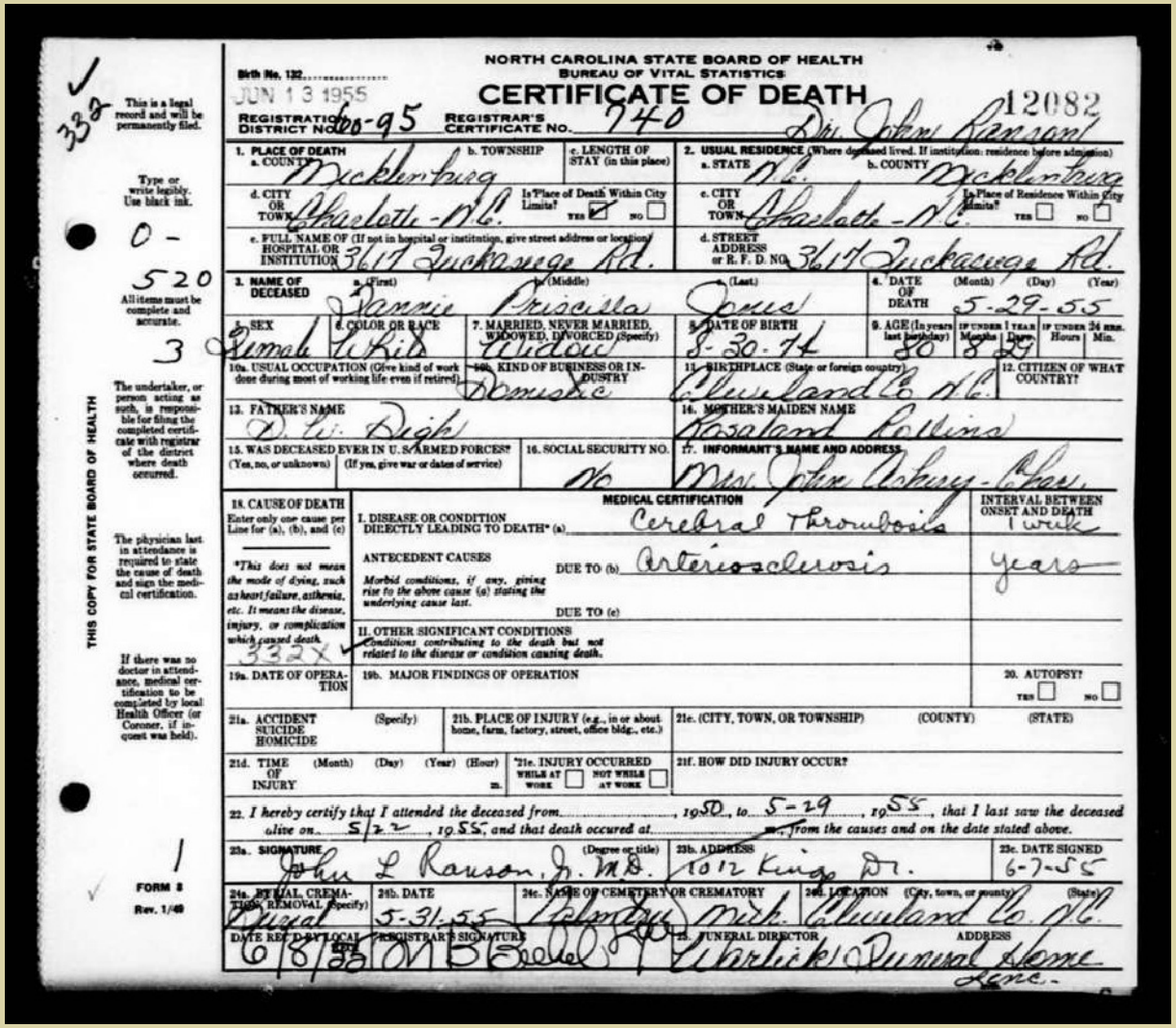
North Carolina Death Certificates, 1909-1975



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

Birth No. 132
JUN 13 1955
REGISTRATION DISTRICT No. 60-95 REGISTRAR'S CERTIFICATE No. 740 Dr. John Ransom 12082

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

FORM 8 Rev. 1/49

1. PLACE OF DEATH a. COUNTY: Mecklenburg b. TOWNSHIP c. LENGTH OF STAY (in this place)
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: N.C. b. COUNTY: Mecklenburg
d. CITY OR TOWN: Charlotte - N.C. Is Place of Death Within City Limits? YES ☑ NO ☐
e. CITY OR TOWN: Charlotte - N.C. Is Place of Residence Within City Limits? YES ☐ NO ☐
e. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3617 Tuckaseege Rd.
d. STREET ADDRESS or R. F. D. NO.: 3617 Tuckaseege Rd.
3. NAME OF DECEASED a. (First): Fannie b. (Middle): Priscilla c. (Last): Jones
4. DATE OF DEATH (Month) (Day) (Year): 5-29-55
5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 8. DATE OF BIRTH: 8-30-74 9. AGE (In years last birthday): 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 8 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Domestic 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country): Cleveland Co. N.C. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: D. W. Digh 14. MOTHER'S MAIDEN NAME: Rosaland Rollins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: No 17. INFORMANT'S NAME AND ADDRESS: Mrs. John Asbury - Char.

18. CAUSE OF DEATH Enter only one cause per Line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 5-29, 1955, that I last saw the deceased alive on 5/2?, 1955, and that death occured at ..... m. from the causes and on the date stated above.

23a. SIGNATURE: John L Ransom, Jr. (Degree or title) M.D. 23b. ADDRESS: 1012 King Dr. 23c. DATE SIGNED: 6-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 24b. DATE: 5-31-55 24c. NAME OF CEMETERY OR CREMATORY: Palmetto Mem. 24d. LOCATION (City, town, or county) (State): Cleveland Co. N.C.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: 6/8/55 M B Eaker 25. FUNERAL DIRECTOR: Charlotte Funeral Home Inc. ADDRESS:

Fannie Priscilla Jones

Gender: Female
Race: White
Age: 80
Birth Date: 30 Aug 1874
Birth Place: Cleveland, North Carolina, United States
Death Date: 29 May 1955
Death Location: Charlotte, Mecklenburg
Father's Name: D W Digh
Mother's Name: Rosaland Rollins
Residence: Charlotte, Mecklenburg, North Carolina

Source Information: www.Ancestry.com Database: North Carolina Death Certificates, 1909-1975