

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

TYPE, OR PRINT IN PERMANENT BLACK INK		NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS CERTIFICATE OF DEATH										431							
REGISTRATION DISTRICT NO. <u>12-00</u> LOCAL NO. _____		DATE OF DEATH: FEB 6 1968																	
NAME OF DECEASED		FRANKLIN COLON RAMSEY																	
1. SEX		2. COLOR OR RACE		3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			4. DATE OF BIRTH		5. AGE (IN YEARS LAST BIRTHDAY)		6. DATE OF DEATH (MONTH, DAY, YEAR)								
Male		White		North Carolina			Nov. 8, 1882		85		JANUARY 14, 1968								
PLACE OF DEATH		7. COUNTY			8. CITY OR TOWN		9. STATE			10. COUNTY									
Burke		Morganton			North Carolina			Rutherford											
NAME OF HOSPITAL OR INSTITUTION		11. INSIDE CITY LIMITS (SPECIFY YES OR NO)			12. CITY OR TOWN			13. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)											
Broughton Hospital		No			Forest City			North Carolina											
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			15. STREET ADDRESS OR R.F.D. No.			16. INSIDE CITY LIMITS (SPECIFY YES OR NO)											
Widowed					Route # 1			No											
17. CITIZEN OF WHAT COUNTRY		18. SOCIAL SECURITY NUMBER			19. USUAL OCCUPATION (KIND OF WORK SOME DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			20. KIND OF BUSINESS OR INDUSTRY											
USA		248-18-8259			Retired Farmer														
PARENTS		21. FATHER'S NAME					22. MOTHER'S MAIDEN NAME												
		Henry M. Ramsey					(Not Recorded) Dye												
INFORMANT'S NAME AND ADDRESS		23. Broughton Hospital Records, Morganton, N. C.																	
PART I. DEATH CAUSED BY:		24. IMMEDIATE CAUSE: PNEUMONIA, LOBAR, BILATERAL, CONFLUENT								25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 Days									
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		26. DUE TO, OR AS A CONSEQUENCE OF:																	
CAUSE		27. DUE TO, OR AS A CONSEQUENCE OF:																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I:		28. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)								29. AUTOPSY? (YES OR NO): Yes		30. YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes							
29a. TIME OF INJURY		29b. MONTH		29c. DAY		29d. YEAR		29e. HOUR		31. INJURY AT WORK (SPECIFY YES OR NO)		32. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		33. CITY OR R.F.D.		34. COUNTY		35. STATE	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		36. Jan. 25 19 67				CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER:													
37. Jan. 14 19 68 AND LAST SAW HIM/HER ALIVE ON		38. Jan. 14 19 68				ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE													
SIGNATURE OF CERTIFIER		39. Thomas M. Shannon, M.D.				40. CAUSE(S) STATED ABOVE, THE DECEASED WAS PRONOUNCED DEAD AT													
41. Signature of Certifier		42. Date Signed: 1/14/68				43. Location: Broughton Hospital, Morganton, N.C.													
BURIAL, CREMATION, OTHER		44. DATE		45. NAME OF CEMETERY OR CREMATORY				46. LOCATION (CITY, TOWN, OR COUNTY)				47. STATE							
Burial		1-16-68		State Line Baptist				Cherokee Co.				N.C.							
FUNERAL HOME		48. Signature of Funeral Director				49. License No.													
Johnston Mortuary, Chesnee, S.C.		50. Signature of Embalmer				51. License No.													
DATE RECD BY LOCAL REG.		52. Signature of Registrar				53. License No.													
1-24-68		54. Signature of Registrar				55. License No.													

FRANKLIN COLON RAMSEY

GENDER: MALE
 RACE: WHITE
 AGE: 85
 BIRTH DATE: 8 Nov 1882
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES
 DEATH DATE: 14 JAN 1968
 DEATH LOCATION: MORGANTON, BURKE
 FATHER'S NAME: HENRY A RAMSEY
 MOTHER'S NAME: NOT RECORDED DYE (ELVIRA DYE)
 RESIDENCE: FOREST CITY, RUTHERFORD, NORTH CAROLINA