

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Gaston

(b) Township _____ (If in town limits, leave blank)

(c) City or town Gastonia
(If outside city or town limits, write RURAL)

(d) Street, hospital or institution City Hospital

(e) Length of stay in hospital or institution _____ (Yrs., mos., or days)

In this community _____ (Yrs., mos., or days)

Registration Dist. No. 36-86 Certificate No. 205

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State NC (b) County York

(c) City or town Glover

(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 George Franklin Digh

3(b) If veteran, name war _____ **3(c) Social Security No.** _____

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

6(b) Name of husband or wife _____ **(c) Age of husband or wife if alive** _____ years.

7. Birth date of deceased June 1855
(month, day and year)

8. AGE: 37 Years 5 Months 27 Days 1 hrs. 10 mins. If less than one day

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

10. Usual occupation Textiles

11. Industry or business _____

MOTHER

12. Name George Franklin Digh

13. Birthplace Not known

14. Maiden Name Not known

15. Birthplace Not known

FATHER

16(a) Informant's Signature Miss Priscilla Digh

(b) Address Gastonia, N.C.

17(a) Burial, cremation, or removal Burial **(b) Date thereof** 10-29-42
(Month, day, year)

(c) Cemetery Beverly Cem.

(d) Location Rutherford Co.

18(a) Funeral director John S. Tom

(b) Address Gastonia, N.C.

19(a) 11-10 Filed 1942 Registrar M. A. Roberts

MEDICAL CERTIFICATION

20. Date of death 10-29-42 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1942 to 10-2-1942
and that I last saw him alive on _____ 1942

Immediate cause of death _____ Duration _____

Chronic Myocarditis

Due to _____

Due to _____

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

left hip

Major findings: _____

Of operations _____

Physician _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept. 18, 42

(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? About home
(Specify type of place)

While at work? _____

(e) Means of injury Fell in yard

23. Signature M. A. Roberts M.D.

Address Gastonia, N.C. Date signed Nov. 9 1942

GEORGE FRANKLIN DIGH

GENDER: MALE
 RACE: WHITE
 AGE: 37
 BIRTH DATE: 2 JUN 1855
 BIRTH PLACE: RUTHERFORD,
 NORTH CAROLINA, UNITED STATES
 DEATH DATE: 29 OCT 1942
 DEATH LOCATION: GASTONIA,
 GASTON
 FATHER'S NAME: GEORGE FRANKLIN
 DIGH
 RESIDENCE: GLOVER, YORK, SOUTH
 CAROLINA

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.