

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NOV 13 1956 NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

26000

REGISTRATION DISTRICT NO. 60-92 REGISTRAR'S CERTIFICATE NO. 1563

1. PLACE OF DEATH a. COUNTY <u>MECK.</u> b. TOWNSHIP <u>CHARLOTTE</u> c. LENGTH OF STAY (in days) <u>2 DAYS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>MECKLENBURG</u>		
d. CITY OR TOWN <u>CHARLOTTE</u> <small>Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></small>			c. CITY OR TOWN <u>CHARLOTTE</u> <small>Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></small>		
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PRESBYTERIAN HOSPITAL</u>			d. STREET ADDRESS OR R. F. D. NO. <u>120 BENJAMIN AVE.</u>		
3. NAME OF DECEASED First <u>GEORGE</u> Middle <u>PINK</u> Last <u>DIGH</u>			4. DATE OF DEATH Month <u>10</u> Day <u>23</u> Year <u>56</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 7, 1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>NORTH CAROLINA</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>D. W. DIGH</u>		14. MOTHER'S MAIDEN NAME <u>ROSANNA ROLLINS</u>		NAME OF HUSBAND OR WIFE <u>ANGIE DAVES DIGH</u>	
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.	17. INFORMANT'S NAME AND ADDRESS <u>J. W. DIGH Rt. #1 CHARLOTTE, N.C.</u>		

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Broncho-pneumonia INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
491X Uremia

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)				
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY OR TOWNSHIP	COUNTY	STATE
21. I attended the deceased from <u>10/17, 1956</u> to <u>10/23, 1956</u> , and last saw him alive on <u>10/23, 1956</u> . Death occurred at <u>12:45 P</u> on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>Thomas E. Leath M.D.</u> (Degree or title)		22b. ADDRESS <u>Charlotte, N.C.</u>		22c. DATE SIGNED <u>11/17/56</u>	
23a. BURIAL CREMATION-REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10 25 56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. LEBANON CH. CEM.</u>		23d. LOCATION (City, town, or county) <u>RUTHERFORD CO., N. C.</u>	
24. DATE REC'D BY LOCAL REG. <u>11/9/56</u>	25. REGISTRAR'S SIGNATURE <u>M B Beckett</u>		26. FUNERAL DIRECTOR <u>McEWEN FUNERAL SERVICE</u> <small>725 Morehead St. Charlotte, N. C.</small>		

GEORGE PINK DIGH

GENDER: MALE
 RACE: WHITE
 AGE: 83
 BIRTH DATE: 7 FEB 1873
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES
 DEATH DATE: 23 OCT 1956
 DEATH LOCATION: CHARLOTTE, MECKLENBURG
 SPOUSE'S NAME: ANGIE DAVES DIGH
 FATHER'S NAME: D W DIGH
 MOTHER'S NAME: ROSANNA ROLLINS
 RESIDENCE: CHARLOTTE, MECKLENBURG, NORTH CAROLINA

THIS COPY FOR STATE BOARD OF HEALTH

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).

FORM 8
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