

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

GRANDERSON THOMAS RAMSEY

GENDER: MALE
 RACE: WHITE
 AGE: 76
 BIRTH DATE: 16 SEP 1896
 BIRTH PLACE: NORTH CAROLINA,
 UNITED STATES
 DEATH DATE: 4 SEP 1973
 DEATH LOCATION: BOILING
 SPRINGS, CLEVELAND
 SPOUSE'S NAME: ODESSA MC SWAIN
 FATHER'S NAME: CLARENCE OSCAR
 RAMSEY
 MOTHER'S NAME: EDNA BRIDGES
 RESIDENCE: SHELBY, CLEVELAND,
 NORTH CAROLINA

OCT 4 1973
 NORTH CAROLINA STATE BOARD OF HEALTH
 OFFICE OF VITAL STATISTICS
 CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 23-00 LOCAL NO. _____ 22323

TYPE OR PRINT IN PERMANENT BLACK INK
 520
 1
 DECEASED
 1-1
 2
 STATE BOARD OF HEALTH COPY
 CAUSE
 CERTIFIER
 SIGNATURE
 BURIAL
 FORM 8 REV. 1-68 1-68-1968

NAME OF DECEASED
 1. Granderson Thor Ramsey

DATE OF DEATH
 2. Sept. 4, 1973

SEX
 3. Male

COLOR OR RACE
 4. White

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
 5. North Carolina

DATE OF BIRTH
 6. Sept. 16, 1896

AGE BY YEARS LAST BIRTHDAY
 7. 76

PLACE OF DEATH
 COUNTY
 8. Cleveland

CITY OR TOWNSHIP
 9. Boiling Spgs.

STATE
 10. North Carolina

COUNTY
 11. Cleveland

NAME OF HOSPITAL OR INSTITUTION
 12. Royster Mem. Hosp.

INSIDE CITY LIMITS (SPECIFY YES OR NO)
 13. Yes

CITY OR TOWNSHIP
 14. Shelby

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 15. Married

SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)
 16. Odessa Mc Swain

STREET ADDRESS OR R.F.D. No.
 17. R. F. D. #3

INSIDE CITY LIMITS (SPECIFY YES OR NO)
 18. No

CITIZEN OF WHAT COUNTRY?
 19. U. S. A.

SOCIAL SECURITY NUMBER
 20. _____

USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
 21. Ret. Farmer

KIND OF BUSINESS OR INDUSTRY
 22. Farming

FATHER'S NAME
 23. Oscar Ramsey

MOTHER'S MAIDEN NAME
 24. Edna Bridges

INFORMANT'S NAME AND ADDRESS
 25. Mrs. Odessa Ramsey R. F. D. #3 Shelby, N. C.

PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR ALL SIX)
 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4369
 1a. IMMEDIATE CAUSE: CVA - Paralysis, complete 1 wk
 1b. CONDITION, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL, STATING THE UNDERLYING CAUSE LAST: arteriosclerosis 5 yrs

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)
 19c. _____

20a. TIME OF INJURY (MONTH DAY YEAR HOUR)
 20b. INJURY AT WORK (SPECIFY YES OR NO)
 20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))
 20d. CITY OR R.F.D. COUNTY STATE

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM Aug 29 '73 TO Sept 4 '73 AND LAST SAW HIM/LER ALIVE ON 9.4 '73
 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

21. OCCURRED AT 6:30A ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED: 22. ABOVE THE DECEASED WAS PRONOUNCED DEAD AT _____

SIGNATURE OF CERTIFIER
 23. W. W. Wynn Washburn MD 9.9.73 Boiling Springs, NC.

BURIAL, CREMATION, OTHER (SPECIFY)
 24a. Burial
 24b. DATE 9/5/73
 24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Ch.
 24d. LOCATION (CITY, TOWN, OR COUNTY) STATE Cleveland Co. N. C.

SIGNATURE OF FUNERAL DIRECTOR
 25. Lutz - Austell Shelby, N. C.

SIGNATURE OF REGISTRAR
 26. Richard

SIGNATURE OF BALANCER
 27. Phil Pearce

DATE RECD BY LOCAL REG. 28. 9-11-73

LICENSE NO. 29. 351

LICENSE NO. 30. 1314