

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

315

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Cleveland. Registration District No. 23-32 Certificate No. 3
 Township Ho-Ho or Village Lanndale N.C. or
 City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred 43 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Hester Crowder
 (a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word). <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>June 28, 1935</u>	
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>D. H. Crowder</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>June 25, 1935, to June 27, 1935</u> I last saw h. <u>alive</u> on <u>June 27, 1935</u> , death is said to have occurred on the date stated above, at <u>11 P. M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Sept 18, 1861</u>				The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral Hemorrhage</u>	
7. AGE Years <u>73</u> Months <u>7</u> Days <u>10</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>			Date of onset _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>62-00</u>				Contributory causes of importance not related to principal cause: <u>Hypertension</u> <u>Chl. Nephritis</u> <u>Chl. Myocarditis</u>	
10. Date deceased last worked at (his occupation (month and year)) _____				Name of operation _____ date of _____	
11. Total time (years) spent in this occupation <u>50</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
12. BIRTHPLACE (city or town) (State or country) <u>Cleveland, N.C.</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
13. NAME <u>Jane Dye</u>				Manner of injury _____	
14. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>				Nature of injury _____	
15. MAIDEN NAME <u>Jane Dye</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
16. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>				If so, specify _____	
17. INFORMANT <u>Charlie Hayes</u> (Address) <u>Lanndale N.C.</u>				(Signed) <u>J. J. [Signature]</u> M. D. (Address) <u>Lanndale N.C.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Palms</u> Date <u>June 30, 1935</u>					
19. UNDERTAKER <u>The Starny Co</u> (Address) <u>740 [Address]</u>					
20. FILED <u>July 3, 1935</u> <u>M. L. Elam</u> REGISTRAR					

HESTER DYE CROWDER

GENDER: FEMALE
 RACE: WHITE
 AGE: 73
 BIRTH DATE: 18 SEP 1861
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 28 JUN 1935
 DEATH LOCATION: LANNDALE, CLEVELAND
 SPOUSE'S NAME: D H CROWDER
 FATHER'S NAME: JOHN WHITSON DYE
 MOTHER'S NAME: SARAH JANE YARBROUGH DYE