

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

JUL 8 1958

Drs Hamrick & Clonin

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 23-80

REGISTRAR'S CERTIFICATE NO.

15699

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).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Cleveland</u>		b. TOWNSHIP		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u>		b. COUNTY <u>Claveland</u>		
d. CITY OR TOWN <u>Shelby</u>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN <u>Lawndale</u>		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"/>		
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cleveland Memorial Hospital</u>					d. STREET ADDRESS or R. F. D. NO. <u>Lawndale, N.C.</u>					
3. NAME OF DECEASED (Type or Print) First <u>Ida</u> Middle <u>Eunice</u> Last <u>Digh</u>			4. DATE OF DEATH Month <u>5</u> Day <u>17</u> Year <u>1958</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>4-13-1884</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u>17</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Textile</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>James Digh</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Gorden</u>			NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. T.G. Laughman Lawndale, 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) <u>Cerebral Hemorrhage or Thrombosis</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) <u>151X Carcinoma of Stomach</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 mo.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>151X Adenoma Carcinomatosis found at Surgery.</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)								
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR <u>M</u>		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>2-28</u> , 19 <u>58</u> , to <u>5-17</u> , 19 <u>58</u> , and last saw <u>her</u> alive on <u>5-17</u> , 19 <u>58</u> . Death occurred at <u>11:40AM</u> on the date stated above; and to the best of my knowledge from the causes stated.										
22a. SIGNATURE <u>R.C. Clonin</u>			22b. ADDRESS <u>Shelby, N.C.</u>			22c. DATE SIGNED <u>6-25-58</u>				
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>		23b. DATE <u>5-17-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Palm Tree</u>		23d. LOCATION (City, town, or county) (State) <u>Lawndale, N.C.</u>				
24. DATE REC'D BY LOCAL REG. <u>6-26-58</u>		25. REGISTRAR'S SIGNATURE <u>J. Mitchell</u>			26. FUNERAL DIRECTOR <u>Lutz - Austell</u>		ADDRESS <u>Shelby, N.C.</u>			

IDA EUNICE DIGH

GENDER: FEMALE
RACE: WHITE
AGE: 74
BIRTH DATE: 13 APR 1884
BIRTH PLACE: NORTH CAROLINA, UNITED STATES
DEATH DATE: 17 MAY 1958
DEATH LOCATION: SHELBY, CLEVELAND
SPOUSE'S NAME: MRS T G LAUGHMAN
FATHER'S NAME: JAMES DIGH
MOTHER'S NAME: MARGARET GARDNER
RESIDENCE: LAWDALE, CLEVELAND, NORTH CAROLINA