

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

**NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH**

MAR 12 1962

REGISTRATION DISTRICT NO. **60-00** REGISTRAR'S CERTIFICATE NO. **107 223** 5244

MECKLENBURG COUNTY
RESIDENT **493**

1-1
Type or write legibly. Use black ink.
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3

1. PLACE OF DEATH
a. COUNTY **Mecklenburg**
b. TOWNSHIP **Pineville**
c. LENGTH OF STAY (in 1a) **6 yrs**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **S. C.**
b. COUNTY **Chester**

3. CITY OR TOWN **Pineville, N. C.**
Is Place of Death Within City Limits? YES NO

4. CITY OR TOWN **Great Falls**
Is City Limited? YES NO On a Farm? YES NO

5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Pineville General Hospital**

6. STREET ADDRESS OR R. F. D. NO. **RFD # 1**

7. NAME OF DECEASED (Type or Print)
First **IVA** Middle **LILLIAN** Last **DYE**

8. DATE OF DEATH **2 1 62**

9. SEX **F** 10. COLOR OR RACE **W** 11. MARRIED NEVER MARRIED WIDOWED DIVORCED

12. DATE OF BIRTH **4-25-85** 13. AGE (In years last birthday) **78**

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 15. KIND OF BUSINESS OR INDUSTRY **Chester Co. S. C.** 16. CITIZEN OF WHAT COUNTRY? **USA**

17. FATHER'S NAME **James Andrew Sanders** 18. MOTHER'S MAIDEN NAME **Louisa Bennett** 19. NAME OF HUSBAND OR WIFE **William Gladden Dye**

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 21. SOCIAL SECURITY NO. **RFD # 3** 22. INFORMANT'S NAME AND ADDRESS **Mrs. B.J. Brown, Charlotte, N.C.**

23. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).
PART I. DEATH WAS CAUSED BY: **Double Pneumonia**
IMMEDIATE CAUSE (a)
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
URI
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)
Chronic Encephalitis Lethargica (Parkinsonism)

24. INTERVAL BETWEEN ONSET AND DEATH **14 days**

25. WAS AUTOPSY PERFORMED? YES NO

26. ACCIDENT SUICIDE HOMICIDE

27. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

28. TIME OF INJURY MONTH, DAY, YEAR HOUR **M 1-21-62** 29. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **2-2-** 19 **62**, and last saw her alive on **2-1-62** 19 **62**

31. I attended the deceased from **8:15 P** on the date stated above; and to the best of my knowledge from the causes stated.

32. SIGNATURE **Ralph [Signature] M.D.** 33. ADDRESS **Pineville, N. C.** 34. DATE SIGNED **2-1-62**

35. BURIAL CREMATION, REMOVAL (Specify) **burial** 36. DATE **2-3-62** 37. NAME OF CEMETERY OR CREMATORY **Ebenezer Methodist** 38. LOCATION (City, town, or county) (State) **Chester County, S.C.**

39. DATE RECEIVED BY LOCAL **2/5/62** 40. REGISTRAR'S SIGNATURE **[Signature]** 41. FUNERAL DIRECTOR **Mahaffey, Lancaster, S.C.** ADDRESS

THIS COPY FOR STATE BOARD OF HEALTH

MEDICAL CERTIFICATION

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
Rev. 1-56

IVA LILLIAN DYE

GENDER: FEMALE
RACE: WHITE
AGE: 76
BIRTH DATE: 25 APR 1885
BIRTH PLACE: CHESTER, SOUTH CAROLINA, UNITED STATES
DEATH DATE: 1 FEB 1962
DEATH LOCATION: PINEVILLE, MECKLENBURG
SPOUSE'S NAME: WILLIAM GLADDEN DYE SON OF ROSS JARANZA DYE GRANDSON OF ELISHA DYE
FATHER'S NAME: JAMES ANDREW SANDERS
MOTHER'S NAME: LOUISA BENNETT
RESIDENCE: GREAT FALLS, CHESTER, SOUTH CAROLINA