

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

JAMES MELTON DYCUS

GENDER: MALE
 RACE: WHITE
 AGE: 81
 BIRTH DATE: 10 MAY 1876
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 18 MAY 1957
 DEATH LOCATION: BOSTIC, RUTHERFORD
 FATHER'S NAME: GREEN DYCUS
 MOTHER'S NAME: CELIA BRIDGES
 RESIDENCE: BOSTIC, RUTHERFORD, NORTH CAROLINA

ABNER GREEN DYCUS WAS PREVIOUSLY MARRIED TO SUSANNAH DIGH, CELIA BRIDGES WAS HIS 2ND WIFE AND THIS WAS THEIR SON.

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

Birth No. 13534
 JUN 6 1957
 REGISTRATION DISTRICT NO. 8100 REGISTRAR'S CERTIFICATE NO. D-2820

1. PLACE OF DEATH
 a. COUNTY: Rutherford
 b. TOWNSHIP: Bostic
 c. LENGTH OF STAY (in this place):
 d. CITY OR TOWN: Bostic
 Is Place of Death Within City Limits? YES NO
 e. FULL NAME OF HOSPITAL OR INSTITUTION: died at home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE: N.C. b. COUNTY: Rutherford
 c. CITY OR TOWN: Bostic
 Is Place of Residence Within City Limits? YES NO
 d. STREET ADDRESS or R. F. D. NO.:

3. NAME OF DECEASED
 a. (First): James
 b. (Middle): Melton
 c. (Last): Dycus

4. DATE OF DEATH (Month) (Day) (Year): 5-18-57

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):** Married

8. DATE OF BIRTH 1876 **9. AGE (In years last birthday):** 81 **IF UNDER 1 YEAR:** Months: 0 Days: 8 **IF UNDER 24 HRS. Hours: Min.:**

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Cleveland County N.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Green Dycus
14. MOTHER'S MAIDEN NAME: Celia Bridges

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)
15. SOCIAL SECURITY NO.:
17. INFORMANT'S NAME AND ADDRESS: Mrs. Jan. Dycus Bostic N.C.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of stomach
ANTECEDENT CAUSES DUE TO (b): liver metastasis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 151X
 Duodenitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE):
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY:
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from June 10, 1956 to 17 May, 1957, that I last saw the deceased alive on 17 May, 1957, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE: Pearl Morris Deputy Registrar
23b. ADDRESS: Forest City N.C.
23c. DATE SIGNED: 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-20-57
24c. NAME OF CEMETERY OR CREMATORY: Bostic
24d. LOCATION (City, town, or county) (State): Bostic, N.C.

25. FUNERAL DIRECTOR ADDRESS: E. W. Ashburn Bostic N.C.

DATE REC'D BY: MAY 21 1957

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

0-220
 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
 Rev. 1/49