

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS:
 Every item of information should be carefully supplied. The correct age is especially important. Please write the causes of death clearly and legibly.

B. V. S. Form 8
 NORTH CAROLINA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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1. PLACE OF DEATH:
 (a) County Cleveland
 (b) Township _____
 (c) City or town Shelby
 (d) Street, hospital or institution 711 Smith St.
 (e) Length of stay in hospital or institution _____
 In this community _____

Registration Dist. No. 23-80 Certificate No. 141

2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State N. C. (b) County Cleveland
 (c) City or town Shelby
 (d) Street or R.F.D. 711 Smith St.
 (e) Is place of residence in corporate limits? Yes
 (f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME Jessie Bert Wright
 3(b) If veteran, name war _____ 3(c) Social Security No. _____
 4. Sex Male 5. Color or Race White 6(a) Single, married, widowed, or divorced Married
 6(b) Name of husband or wife Alice Wright
 (c) Age of husband or wife if alive _____ years.
 7. Birth date of deceased Dec. 11, 1880
 8. AGE: Years 60 Months 9 Days 25 If less than one day _____ hrs. _____ mins.
 9. Birthplace Rutherford County, N. C.
 10. Usual occupation mill worker
 11. Industry or business retired

12. Name George Wright
 13. Birthplace N. C.
 14. Maiden Name Sarah Dycus
 15. Birthplace N. C.

16(a) Informant's Signature Alice Wright
 (b) Address 711 Smith St. Shelby
 17(a) Burial (b) Date thereof Oct. 7-41
 (c) Cemetery Wall Cemetery
 (d) Location Rutherford Co.
 18(a) Funeral director The Ruler Mortuary
 (b) Address 514 N. Lafayette St. Shelby, N.C.
 19(a) Nov. 5 1941 (b) H. L. Weather Registrar

MEDICAL CERTIFICATION

20. Date of death 10, 5 1941 at 8:15 A. M.
 21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1941 to Oct 6 1941 and that I last saw him alive on Oct 6 1941
 Immediate cause of death hypertension & atherosclerosis
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur about home, on farm, in industrial place, in a public place? _____ (Specify type of place)
 While at work? _____
 (e) Means of injury _____
 23. Signature H. R. Sherrill M.D.
 Address Shelby, N.C. Date signed Oct 12-41

JESSE BERT WRIGHT

GENDER: MALE
 RACE: WHITE
 AGE: 60
 BIRTH DATE: 11 DEC 1880
 BIRTH PLACE: RUTHERFORD, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 6 OCT 1941
 DEATH LOCATION: SHELBY, CLEVELAND
 SPOUSE'S NAME: ALICE WRIGHT
 FATHER'S NAME: GEORGE WRIGHT
 MOTHER'S NAME: SARAH DYCUS
 RESIDENCE: SHELBY, CLEVELAND, NORTH CAROLINA