

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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

CERTIFICATE OF DEATH

AUG 10 1956

REGISTRATION DISTRICT NO. **60-00** REGISTRAR'S CERTIFICATE NO. **1054** 18156

1. PLACE OF DEATH a. COUNTY MECKLENBURG		b. TOWNSHIP CRAB ORCHARD		c. LENGTH OF STAY (in last 50 yrs) 50		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE N. C. COUNTY MECKLENBURG					
d. CITY OR TOWN CHARLOTTE		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN CHARLOTTE		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 type="checkbox"/>					
e. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 1						d. STREET ADDRESS OR R. F. D. NO. ROUTE 1					
3. NAME OF DECEASED (Type or Print) First JOHN Middle CALVIN Last WARE			4. DATE OF DEATH Month 7 Day 10 Year 56			5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH SEPT. 11, 1881		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) BELT MAKER		10b. KIND OF BUSINESS OR INDUSTRY CLEVELAND Co., N.C.		11. BIRTHPLACE (State or foreign country) N. C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOHN CALVIN WARE, Sr.			14. MOTHER'S MAIDEN NAME MATTIE DYE			NAME OF HUSBAND OR WIFE MINNIE HAGLER WARE			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT'S NAME AND ADDRESS MISS D. WARE 4012 AVALON AVE., CHAR. N. C.			18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).			INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY:									2 years		
IMMEDIATE CAUSE (a) Carcinoma of prostate											
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
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)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 MONTH, DAY, YEAR HOUR OF INJURY			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 7/11 19 55 to 7/15 19 56 and last saw her alive on 7/15 19 56 .											
Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE [Signature]			22b. ADDRESS M. D. Charlotte, N. C.			22c. DATE SIGNED 7/24/56					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-11-56		23c. NAME OF CEMETERY OR CREMATORY HICKORY GROVE METH.		23d. LOCATION (City, town, or county) (State) MECKLENBURG Co., N. C.					
24. DATE REC'D BY LOCAL HEALTH OFFICER 7/25/56		25. REGISTRAR'S SIGNATURE [Signature]		26. FUNERAL DIRECTOR McEWEN FUNERAL SERVICE		27. FUNERAL HOME ADDRESS 137 E. Morehead St. Charlotte, N. C.					

JOHN CALVIN WARE JR.

GENDER: MALE
 RACE: WHITE
 AGE: 74
 BIRTH DATE: 11 SEP 1881
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 10 JUL 1956
 DEATH LOCATION: CHARLOTTE, MECKLENBURG
 SPOUSE'S NAME: MINNIE HAGLER WARE
 FATHER'S NAME: JOHN CALVIN WARE SR.
 MOTHER'S NAME: MATTIE DYE
 RESIDENCE: CHARLOTTE, MECKLENBURG, NORTH CAROLINA