

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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

CERTIFICATE OF DEATH **21731**

AUG 8 1967

REGISTRATION DISTRICT NO. 23-00 REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY <u>Cleveland</u>		b. TOWNSHIP <u># 9</u>	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>Cleveland</u>
4. CITY OR TOWN <u>Lawndale, N.C.</u>		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Lawndale, N.C.</u>		
In Place of Residence? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. STREET ADDRESS or R. F. D. NO. <u>Route 3</u>		
3. NAME OF DECEASED (Type or Print) First <u>Lee</u> Middle <u>Summie</u> Last <u>Eaker</u>			4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1967</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 30, 1892</u>	9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	11. IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of pasting life, even if retired) <u>Yarn Twisters</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Yarn Mill</u>		11. BIRTHPLACE (State or foreign country) <u>N.C.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Lee Hoke Eaker</u>		14. MOTHER'S MAIDEN NAME <u>Ann Williams</u>		NAME OF HUSBAND OR WIFE <u>Mary Digh</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>WW1</u>		16. SOCIAL SECURITY NO. <u>241-03-3434</u>		17. INFORMANT'S NAME AND ADDRESS <u>R-3 Mrs. Robert Champion Lawndale, N.C.</u>		
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:						
IMMEDIATE CAUSE (a) <u>Infection of bladder</u>						<u>3 days</u>
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) <u>Indwelling catheter</u>						<u>5 yrs</u>
DUE TO (c) <u>H.C.S.D. & stroke</u>						<u>16 yrs</u>
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 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> </u> <u> </u> <u> </u> <u> </u>	20d. INJURY OCCURRED WHERE AT WORK <input type="checkbox"/> NOT WHERE 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>May 1954</u> to <u>July 1967</u> and last saw him alive on <u>9 July 1967</u>						
Death occurred at <u>11A</u> on the date stated above; and to the best of my knowledge from the causes stated.						
22. SIGNATURE <u>[Signature]</u>		23a. ADDRESS <u>Off 2 Lawndale</u>		23b. DATE SIGNED <u>7-14-67</u>		
23c. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23d. DATE <u>7-12-67</u>	23e. NAME OF CEMETERY OR CREMATORY <u>Palm Tree</u>	23f. LOCATION (City, town, or county) (State) <u>Lawndale, N.C. R-1</u>			
24. DATE REC'D BY LOCAL BLD. <u>7-14-67</u>	25. REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL HOME <u>Rayney Funeral Home</u>		ADDRESS <u>Fallston, N</u>		

LEE SUMMIE EAKER

GENDER: MALE
 RACE: WHITE
 AGE: 74
 BIRTH DATE: 30 OCT 1892
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES
 DEATH DATE: 10 JUL 1967
 DEATH LOCATION: LAWNDALE, CLEVELAND
 SPOUSE'S NAME: MARY PRISCILLA DIGH DAU OF JAMES E. DIGH & MARGARET GARDNER
 FATHER'S NAME: LEE HOKE EAKER
 MOTHER'S NAME: ANN WILLIAMS
 RESIDENCE: LAWNDALE, CLEVELAND, NORTH CAROLINA