

SOUTH CAROLINA DEATH RECORDS, 1821-1955

Form No 10.

CERTIFICATE OF DEATH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
5452

1. PLACE OF DEATH
County of York
Township of Levenshoe
or
Inc. Town of _____
or
City of _____ (No. _____ St.; _____ Ward)

Registration District No. 4405
Registered No. 17
(For use of Local Registrar)

(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2. FULL NAME Leroy H. Dye
Residence In City _____ Yrs. _____ Mos. _____ Days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Jan</u> <u>5</u> , 191 <u>9</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>1846</u> <u>27</u> <u>1</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 21</u> , 19 <u>18</u> to <u>Jan 1</u> , 19 <u>19</u> , that I last saw <u>him</u> alive on <u>Dec 7</u> , 19 <u>18</u> , and that death occurred, on the date stated above, at <u>York</u> . The CAUSE OF DEATH* was as follows:	
7 AGE <u>73</u> yrs. _____ mos. _____ dys.	If LESS than 1 day, _____ hrs. or _____ min.?		_____ <u>Acute dilatation of heart</u> (Duration) _____ yrs. _____ mos. _____ dys.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of Industry, business, or establishment in which employed (or employer) _____			Contributory <u>Chronic valvular dis. of heart</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ dys.	
9 BIRTHPLACE (State or Country) <u>Greenville Co</u>			Signed <u>J. E. Massey</u> M. D. <u>Jan 7</u> , 19 <u>19</u> (Address) <u>Rock Hill S.C.</u>	
10 NAME OF FATHER <u>John Dye</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
11 BIRTHPLACE OF FATHER (State or Country) _____			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents) At place of death _____ yrs. _____ mos. _____ dys. In the State _____ yrs. _____ mos. _____ dys. Where was disease contracted, _____	
12 MAIDEN NAME OF MOTHER _____			If not at place of death? Former or usual Residence _____	
13 BIRTHPLACE OF MOTHER (State or Country) _____			19 Place of Burial or Removal. <u>Evergreen</u> DATE OF BURIAL <u>1-8</u> 19 <u>19</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____			20 UNDERTAKER <u>Wm. F. Hunt Son</u> ADDRESS <u>Rock Hill S.C.</u>	

15 Filed 1-10, 1919 W. G. Keene LOCAL REGISTRAR

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 McCaw, of Columbia

LEROY HENDERSON DYE

DEATH DATE: 5 JAN 1919
AGE AT DEATH: 73 YEARS
BORN: 1846
GENDER: MALE
COLOR: WHITE
COUNTY OF DEATH: YORK
CERTIFICATE NUMBER: 005452

SON OF JOHN DYE & JANE FERGUSON, GRANDSON OF JOHN DYE AND AGNES FERGUSON STONE.