

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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

Birth No. 132
MAR 7 1951
REGISTRATION DISTRICT NO. 18-80 REGISTRAR'S CERTIFICATE NO. 2508

1. PLACE OF DEATH a. COUNTY <u>Catawba</u> b. TOWNSHIP <u>Hickory</u> c. LENGTH OF STAY (in this place) <u>4 days</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>Catawba</u>		
d. CITY OR TOWN <u>Hickory, N. C.</u> Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			c. CITY OR TOWN <u>Hickory, N. C.</u> Is Place of Residence Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Richard Baker Hosp.</u>			d. STREET ADDRESS or R. F. D. NO. <u>825-15th Ave.</u>		
3. NAME OF DECEASED a. (First) <u>Lillie</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Cummings</u> <u>552</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 20, 1877</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cleveland Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13. FATHER'S NAME <u>John C. Ware</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
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 <u>T. F. Cummings, Hickory, N. C.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>2924</u>			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic Anemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 mos</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/19/50</u> , 19____, to <u>1/8/51</u> , 19____, that I last saw the deceased alive on <u>1/2/51</u> , 19____, and that death occurred <u>about 10:00 a.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Glen H. Frye, M.D.</u> (Degree or title)			23b. ADDRESS <u>Hickory, N.C.</u>		23c. DATE SIGNED <u>2/2/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catawba Memorial Park</u>	
24d. LOCATION (City, town, or country) (State) <u>Hickory, N. C.</u>		25. FUNERAL DIRECTOR <u>Bass-Smith Funeral Home, Hickory, NC</u>			
DATE REC'D BY LOCAL REG. <u>2/8/51</u>		REGISTRAR'S SIGNATURE <u>M. P. ...</u>			

LILLIE JANE CUMMINGS

GENDER: FEMALE
 RACE: WHITE
 AGE: 73
 BIRTH DATE: 20 JUN 1877
 BIRTH PLACE: CLEVELAND
 DEATH DATE: 8 JAN 1951
 DEATH LOCATION: HICKORY, CATAWBA
 FATHER'S NAME: JOHN C WARE
 MOTHER'S NAME: UNKNOWN (MATTIE DYE)
 RESIDENCE: HICKORY, CATAWBA, NORTH CAROLINA