

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

M. B.—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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE, MARRIED, WIDOWED, or DIVORCED <i>Single</i>	DATE OF DEATH <i>May 11</i> (Month) (Day) (Year) 19 <i>15</i>	
DATE OF BIRTH <i>March 12, 1908</i> (Month) (Day) (Year)			I HEREBY CERTIFY, That I attended deceased from 19 .. to .. 19 ..	
AGE <i>7 yrs. 1 mos. 28 ds.</i> IF LESS than 1 day, .. hrs. or .. min.			that I last saw h..... alive on .. 19 ..	
OCCUPATION (a) Trade, profession, or particular kind of work <i>Child</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Industrious</i>			and that death occurred on the date above stated, at .. m. The CAUSE OF DEATH* was as follows: <i>(105)</i>	
EDUCATIONAL ATTAINMENTS <i>Could read + write</i>		 (Duration) .. yrs. .. mos. .. ds. ✓	
BIRTHPLACE <i>Rutherford Co. N.C.</i>			Contributory (Secondary) (Duration) .. yrs. .. mos. .. ds.	
PARENTS	NAME OF FATHER <i>George P. Digh</i>	(Signed) .. M. D.		
	BIRTHPLACE OF FATHER (State or Country) <i>Rutherford Co.</i> 191 .. (Address)		
	MAIDEN NAME OF MOTHER <i>Daves</i>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	BIRTHPLACE OF MOTHER (State or Country) <i>Rutherford</i>	LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death .. yrs. .. mos. .. ds. In the State .. yrs. .. mos. .. ds. Where was disease contracted, if not at place of death? Former or usual residence ..		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>G. P. Digh.</i> (Address) <i>Bostic, N.C.</i>			PLACE OF BURIAL, OR REMOVAL <i>Mt Lebanon</i> UNDERTAKER	
File No. <i>77-17-15-Ed Thompson.</i> Registrar.			DATE OF BURIAL <i>May 11, 1915</i> ADDRESS	

MAMIE BELL DIGH

GENDER: FEMALE
 RACE: WHITE
 AGE: 7
 BIRTH DATE: 12 MAR 1908
 BIRTH PLACE: RUTHERFORD, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 11 MAY 1915
 DEATH LOCATION: BOSTIC RFD 1, RUTHERFORD
 FATHER'S NAME: GEORGE P DIGH
 MOTHER'S NAME: DAVES