

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

OCT 8 - 1962 NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH 28300

REGISTRATION DISTRICT NO. **81** - 61 REGISTRAR'S CERTIFICATE NO. _____

1. PLACE OF DEATH a. COUNTY Rutherford		b. TOWNSHIP Rutherfordton		c. LENGTH OF STAY (in 1s.)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.		b. COUNTY Rutherford				
d. CITY OR TOWN Rutherfordton, N. C.		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Ellenboro		Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>				
e. FULL NAME OF HOSPITAL OR INSTITUTION Rutherford Hospital, Inc.				d. STREET ADDRESS OR R. F. D. NO. R-2								
3. NAME OF DECEASED (Type or Print) First Middle Last Mamie Evelyn Simmons			4. DATE OF DEATH Month Day Year September 6, 1962			5. SEX Female			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 5-9-1891			9. AGE (In years last birthday) 71			IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) N. C.			12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry Ramsey			14. MOTHER'S MAIDEN NAME Elvira Diegh			NAME OF HUSBAND OR WIFE Moses Cecil Simmons						
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. 241-05-0438			17. INFORMANT'S NAME AND ADDRESS M. C. Simmons, R-2, Ellenboro, N. C.						
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage 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) 331X								INTERVAL BETWEEN ONSET AND DEATH 12 hrs				
											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 M.			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 9-6 , 19 62 , to 9-6 , 19 62 , and last saw her/him alive on 9-5 , 19 62 . Death occurred at 7:50 p m on the date stated above; and to the best of my knowledge from the causes stated.												
22a. SIGNATURE C. G. Aycock M.D.				(Degree or title)				22b. ADDRESS Rutherfordton, N. C.			22c. DATE SIGNED 9-7-62	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial			23b. DATE 9-8-1962		23c. NAME OF CEMETERY OR CREMATORY Cliffside Cem.			23d. LOCATION (City, town, or county) (State) Cliffside, N. C.				
24. DATE REC'D BY LOCAL REG. 9-10-62			25. REGISTRAR'S SIGNATURE Ann B. Lane MD			26. FUNERAL DIRECTOR Harrelson's			ADDRESS Henrietta, N. C.			

MAMIE EVELYN SIMMONS

GENDER: FEMALE
 RACE: WHITE
 AGE: 71
 BIRTH DATE: 9 MAY 1891
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES
 DEATH DATE: 6 SEP 1962
 DEATH LOCATION: RUTHERFORDTON, RUTHERFORD
 SPOUSE'S NAME: MOSES CECIL SIMMONS
 FATHER'S NAME: HENRY RAMSEY
 MOTHER'S NAME: ELVIRA DIEGH
 RESIDENCE: ELLENBORO, RUTHERFORDTON, NORTH CAROLINA