

# NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:  
Please write the cause of death clearly and legibly.

B. V. S. Form 8  
MAR 9 1944  
NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH** 29019

1. PLACE OF DEATH: *Burke*  
 (a) County *Burke*  
 (b) Township *Upper Fork*  
 (c) City or town *Morganton R #4*  
 (d) Street, hospital or institution \_\_\_\_\_  
 (e) Length of stay in hospital or institution \_\_\_\_\_ (Yrs., mos., or days)  
 In this community *yes* (Yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:  
 (a) State *NC.* (b) County *Burke*  
 (c) City or town *Morganton*  
 (d) Street or R.F.D. # *4*  
 (e) Is place of residence in corporate limits? *no*  
 (f) If foreign born, how long in U.S.A. ? \_\_\_\_\_ years.

3(a) FULL NAME *Margaret Alice Digh*  
 3(b) If veteran, name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex *Female* 5. Color or Race *White* 6(a) Single, married, widowed, or divorced. *married*  
 6(b) Name of husband or wife *J. P. Digh*  
 (c) Age of husband or wife if alive *1 head* years.

7. Birth date of deceased *7/10/1870*  
 (month, day and year)

8. AGE: Years *74* Months *1* Days *23* If less than one day hrs. mins.

9. Birthplace *Cleveland, CO, NC.*  
 (City, town, or county) (State or foreign country)

10. Usual occupation *Farmer's Housewife*

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name *W. H. Carter*  
 13. Birthplace *Cleveland Co, N.C.*  
 14. Maiden Name *Susan Peeler*  
 15. Birthplace *Cleveland Co*

16(a) Informant's Signature *J. G. Digh*  
 (b) Address *Morganton R #4*

17(a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof *9/6/44*  
 (Month, day, year)  
 (c) Cemetery *Lawndale N.C.*  
 (d) Location *Cleveland Co N.C.*

18(a) Funeral director *Birksey & Co.*  
 (b) Address *Morganton N.C.*

19(a) *Mar 4 1944* (b) *Mrs. Sue Mace* Registrar

20. Date of death *9/3* 19*44* at *8:15 A.M.*  
 21. I certify that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 Immediate cause of death *due to Colitis* Duration \_\_\_\_\_  
 Due to \_\_\_\_\_ 120-1  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Ma/or findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Physician \_\_\_\_\_ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur about home, on farm, in industrial place, in a public place? \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature *P. D. Edwards* M.D.  
 Address *Lawndale N.C.* Date signed \_\_\_\_\_

**MARGARET ALICE DIGH**

GENDER: FEMALE  
 RACE: WHITE  
 AGE: 74  
 BIRTH DATE: 10 JUL 1870  
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES  
 DEATH DATE: 3 SEP 1944  
 DEATH LOCATION: MORGANTON R # 4, BURKE  
 SPOUSE'S NAME: J P DIGH  
 FATHER'S NAME: W H CARTER  
 MOTHER'S NAME: SUSAN PEELER  
 RESIDENCE: MORGANTON, BURKE, NORTH CAROLINA