

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

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

STANDARD CERTIFICATE OF DEATH 338

1. PLACE OF DEATH
 County Rutherford Registration District No. 51-60 Certificate No. 17
 Township _____ or Village _____
 City Forest City No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Martin P. Ramsey
 (a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>April 15, 1936</u>	
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Susan Padgett Ramsey</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>2/12</u> 19 <u>36</u> to <u>Apr. 14, 1936</u>	I last saw him alive on <u>Apr. 14</u> , 19 <u>36</u> , death is said to have occurred on the date stated above, at _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>May 12, 1858</u>				The principal cause of death and related causes of importance in order of onset were as follows:		
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	Date of onset	
<u>80</u>	<u>11</u>	<u>3</u>			<u>Hemiplegia</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Carpenter</u>				Contributory causes of importance not related to principal cause <u>Cerebral Hemorrhage</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				<u>Artistic Sculpture</u>		
10. Date deceased last worked at this occupation (month and year)				Name of operation _____ date of _____		
11. Total time (years) spent in this occupation				What test confirmed diagnosis? _____ Was there an autopsy? _____		
12. BIRTHPLACE (city or town) (State or country) <u>Cleveland, W. Va.</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____		
13. NAME <u>not known</u>				Where did injury occur? _____ <small>(Specify city or town, county, and State)</small>		
14. BIRTHPLACE (city or town) (State or country) <u>not known</u>				Specify whether injury occurred in industry, in home, or in public place.		
15. MAIDEN NAME <u>not known</u>				Manner of injury _____		
16. BIRTHPLACE (city or town) (State or country) <u>not known</u>				Nature of injury _____		
17. INFORMANT <u>Dr. Harry Ramsey</u> (Address) <u>Forest City, N.C.</u>				24. Was disease or injury in any way related to occupation of deceased? _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Forest City, N.C.</u> Date <u>April 16, 1936</u>				If so, specify _____		
19. UNDERTAKER <u>Hayward-Hatched Co.</u> (Address) <u>Forest City, N.C.</u>				(Signed) <u>[Signature]</u> M. D.		
20. FILED <u>May 11, 1936</u> <u>Geo. F. Bradley</u> REGISTRAR				(Address) <u>[Address]</u>		

MARTIN PANNELL RAMSEY

GENDER: MALE
 RACE: WHITE
 BIRTH DATE: 12 MAY 855
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 15 APR 1936
 DEATH LOCATION: FOREST CITY, RUTHERFORD
 SPOUSE'S NAME: SUSAN PADGETT RAMSEY

SON OF THOMAS JEFFERSON RAMSEY AND CELIA PANNELL RAMSEY HAMRICK.