

# NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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.

B.V.S.—FORM 7  
NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**STANDARD CERTIFICATE OF DEATH**

53 **21144** 74

1 PLACE OF DEATH Lincoln Registration District No. 270  
 County Lincoln State NC Register No. 31  
 Township Lincolnton or Village Saxony mill or  
 City Lincolnton No. 434 St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Janie Caldwell  
 (a) Residence No. 434 St. Ward (If nonresident give city or town and State)  
 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.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 Sex <u>Female</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>married</u>		16 Date of Death (month, day, and year) <u>Oct 29</u> 19 <u>18</u>	
5a If married, widowed, or divorced Husband of (or) Wife of <u>Jacob Caldwell</u>				17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 24</u> 19 <u>18</u> to <u>Oct 29</u> 19 <u>18</u> that I last saw her alive on <u>Oct 29</u> 19 <u>18</u> and that death occurred, on the date stated above, at <u>9:45 P</u> m.	
6 Date of birth (month, day, and year) <u>Oct 4 1892</u>				The CAUSE OF DEATH* was as follows:	
7 Age years <u>26</u> Months <u>8</u> Days <u>22</u> If LESS than 1 day, hrs. or min.	8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>Housekeeper</u>			<u>Lobar Pneumonia</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)				(duration) yrs. mos. <u>4</u> ds.	
(c) Name of employer				Contributory (SECONDARY) <u>Influenza</u>	
9 Birthplace (city or town) (State or country) <u>Cleveland co N.C.</u>				(duration) yrs. mos. <u>4</u> ds.	
10 Name of Father <u>Jno Dye</u>				18 Where was disease contracted if not at place of death?	
11 Birthplace of Father (city or town) (State or country) <u>Cleveland co N.C.</u>				Did an operation precede death? Date of	
12 Maiden Name of Mother <u>Maggie Carter</u> 10/29/18 (Address) <u>Lincolnton NC</u>				Was there an autopsy?	
13 Birthplace of Mother (city or town) (State or country) <u>Cleveland co N.C.</u>				What test confirmed diagnosis? <u>J. S. C. W. P.</u> M. D.	
14 Informant (Address) <u>Jacob Caldwell Lincolnton N.C.</u>				*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)	
15 Filed <u>10/29/18</u> <u>D. J. Foder</u> REGISTRAR				19 Place of Burial, Cremation, or removal Date of Burial <u>Mt Zion Barton co</u> <u>11/1</u> 19 <u>18</u>	
				20 Undertaker <u>Foder + McLean</u> <u>Lincolnton</u>	

**MARY JANIE CALDWELL**

GENDER: FEMALE  
 RACE: WHITE  
 AGE: 26  
 BIRTH DATE: 4 FEB 1892  
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES  
 DEATH DATE: 29 OCT 1918  
 DEATH LOCATION: LINCOLNTON;  
 SAXONY MILL, LINCOLN  
 SPOUSE'S NAME: JACOB CALDWELL  
 FATHER'S NAME: JNO DYE  
 MOTHER'S NAME: MAGGIE CARTER