

# SOUTH CAROLINA DEATH RECORDS, 1821-1955

<p>1. PLACE OF DEATH</p> <p>County of <u>York</u></p> <p>Township of _____</p> <p>or <u>Rock Hill, S.C.</u></p> <p>City of _____</p>		<p><b>Standard Certificate of Death</b></p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p style="font-size: 2em; font-weight: bold;">5181</p>	
		<p>Registration District No. <u>44 B</u></p> <p>(No. _____ St. _____)</p>		<p>Registered No. <u>40</u></p> <p>(For use of Local Registrar.) (If death occurred in a Hospital or institution give its NAME instead of street and number.)</p>	
<p>2. FULL NAME <u>Mrs. Mattie Jackson Dye</u></p>		<p>Residence— In City _____ Yrs. _____ Mos. _____ Days _____</p>			
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>widow</u>	21. DATE OF DEATH (month, day, and year) <u>May 29, 1930</u>		
<p>5a. If married, widowed, or divorced</p> <p>HUSBAND of (or) WIFE of <u>L. H. Dye</u></p>			22. I HEREBY CERTIFY, That I attended deceased from <u>11/5/20</u> 19 <u>20</u> to <u>3/29/30</u> 19 <u>30</u>		
			<p>I last saw h..... alive on <u>2/25/30</u>, 19<u>30</u>, death is said to have occurred on the date stated above, at _____ m.</p>		
6. DATE OF BIRTH (Month, day, and year) <u>March 11, 1864</u>			The principal cause of death and related causes of importance in order of onset were as follows:		
7. AGE	Years <u>66</u>	Months _____	Days <u>18</u>	If less than 1 day, _____ hrs. or _____ min.	<p><u>Cerebral Hemorrhage</u></p> <p style="text-align: center; font-size: 1.5em;">82</p>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	Contributory causes of importance not related to principal cause: _____	
12. BIRTHPLACE (city or town) (State or country) <u>York Co. S.C.</u>					
FATHER	13. NAME <u>Samuel Watson Jackson</u>		Name of operation _____ Date of _____		
	14. BIRTHPLACE (city or town) (State or country) <u>York Co. S.C.</u>		What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>		
MOTHER	15. MAIDEN NAME <u>Rebecca Jeffers</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19_____		
	16. BIRTHPLACE (city or town) (State or country) <u>York Co. S.C.</u>		Where did injury occur? _____ (Specify city or town, and state)		
	17. INFORMANT <u>W. J. Jackson</u> (Address) <u>Newport, S.C.</u>		Specify whether injury occurred in industry, in home, or in public place. _____		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Wesley Cemetery</u> Date <u>March 30, 1930</u>		Manner of injury _____		
	19. UNDERTAKER <u>Basel Furniture Co.</u> (Address) <u>Rock Hill, S.C.</u>		Nature of injury _____		
	20. FILED <u>Apr 2, 1930</u> <u>J. R. Miller</u> Registrar.		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>		
			If so, specify (Signed) <u>W. F. Strait</u> M. D. (Address) _____		

**MATTIE JACKSON DYE**

DEATH DATE: 29 MAR 1930  
AGE AT DEATH: 66 YEARS  
BORN: 1864  
GENDER: FEMALE  
COLOR: WHITE  
COUNTY OF DEATH: YORK  
CERTIFICATE NUMBER: 005181

WIFE OF LEROY H DYE,  
SON OF JOHN DYE &  
JANE FERGUSON,  
GRANDSON OF JOHN DYE  
& AGNES FERGUSON  
STONE.