

# NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

**NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. 12-00 REGISTRAR'S CERTIFICATE NO. 24291

SEP 17 1963

367 d

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

Burial Permit Issued \_\_\_\_\_ Date \_\_\_\_\_

Form 9A Issued \_\_\_\_\_ Date \_\_\_\_\_

Form 8 Rev. 1-62 1-62 50M

1. PLACE OF DEATH a. COUNTY <u>Burke</u> b. TOWNSHIP <u>Morganton</u> c. LENGTH OF STAY (in 1/2 hrs) <u>5min</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>Gaston</u>		
d. CITY OR TOWN <u>Morganton</u> Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			c. CITY OR TOWN <u>Belmont</u> Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Broughton Hospital</u>			d. STREET ADDRESS or R. F. D. NO. <u>36 West Woodrow Avenue</u>		
3. NAME OF DECEASED (Type or Print) First <u>MAY</u> Middle <u>RAMSEY</u> Last <u>DELLINGER</u>			4. DATE OF DEATH Month <u>AUGUST</u> Day <u>30</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 10, 1878</u>	9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>20</u> Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ellenboro, N. C.</u>	
13. FATHER'S NAME <u>G. S. Ramsey</u>		14. MOTHER'S MAIDEN NAME <u>Judy B. Wright</u>		NAME OF HUSBAND OR WIFE <u>Grier Hampton Dellinger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S NAME AND ADDRESS <u>Broughton Hospital Records</u>	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Several Years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4221</u>			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	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 <u>Aug. 30, 1963</u> to <u>Aug. 30, 1963</u> and last saw <u>her</u> alive on <u>August 30, 1963</u> Death occurred at <u>6:50 p.m.</u> on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>Ian C. Wilson,</u> <i>Ian C. Wilson</i>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Broughton Hospital, Morganton</u>	
22c. DATE SIGNED <u>8/30/63</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-1-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Charlotte</u>		23d. LOCATION (City, town, or county) (State) <u>N.C.</u>
24. DATE REC'D BY LOCAL REG. <u>9-6-63</u>		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR <u>McEwen Funeral Service</u> ADDRESS <u>Charlotte</u>	

**MAY RAMSEY DELLINGER**

GENDER: FEMALE  
 RACE: WHITE  
 AGE: 85  
 BIRTH DATE: 10 APR 1878  
 BIRTH PLACE: ELLENBORO, NORTH CAROLINA, UNITED STATES  
 DEATH DATE: 30 AUG 1963  
 DEATH LOCATION: MORGANTON, BURKE  
 SPOUSE'S NAME: GRIER HAMPTON DELLINGER  
 FATHER'S NAME: G S RAMSEY  
 MOTHER'S NAME: JUDY B WRIGHT  
 RESIDENCE: BELMONT, GASTON, NORTH CAROLINA

DAUGHTER OF  
 GRANDISON S. RAMSEY &  
 JUDIE B WRIGHT  
 GRANDDAUGHTER OF  
 THOMAS JEFFERSON RAMSEY &  
 CELIA PANNELL RAMSEY HAMRICK.