

SOUTH CAROLINA DEATH RECORDS, 1821-1955

Form No. 10

CERTIFICATE OF DEATH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only.
1381

1. PLACE OF DEATH
 County of Spartanburg
 Township of
 or
 Inc. Town of
 or
 City of Spartanburg (No. St.; Ward)

Registration District No. 40-a
 Registered No. 16
(For use of Local Registrar)
 (If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2. FULL NAME Mrs. Minnie Dye Residence In City Yrs. Mos. Days

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. <u> </u> <small>(Write the word)</small>	16 DATE OF DEATH <u>July 26, 1922</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u> </u> , <u>1</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u> </u>	
7 AGE <u>47</u> yrs. <u> </u> mos. <u> </u> dys. <small>IF LESS than 1 day. hrs. or min.?</small>			19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw h. <u> </u> alive on <u> </u> , 19 <u> </u> , and that death occurred, on the date stated above, at <u> </u> m. The CAUSE OF DEATH* was as follows: <u> </u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Domestic</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u> </u>			<u>Chronic disease</u> <u> </u> <u> </u> <small>(Duration) <u> </u> yrs. <u> </u> mos. <u> </u> days</small>	
9 BIRTHPLACE (State or Country) <u>S.C.</u>			Contributory <u>Heart complications</u> <small>(SECONDARY)</small> <small>(Duration) <u> </u> yrs. <u> </u> mos. <u> </u> days</small>	
PARENTS	10 NAME OF FATHER <u>E. B. Trufelman</u>		18 Where was disease contracted if not at place of death? <u> </u>	
	11 BIRTHPLACE OF FATHER (State or Country) <u>S.C.</u>		Did an operation precede death? <u> </u> Date of <u> </u>	
	12 MAIDEN NAME OF MOTHER <u>Mattie Ogginis</u>		Was there an autopsy? <u> </u>	
13 BIRTHPLACE OF MOTHER (State or Country) <u>S.C.</u>		What test confirmed diagnosis? <u> </u> <small>(Signed) <u> </u> M. D.</small>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. M. Dye</u> <small>(Address) <u>Spartanburg, S.C.</u></small>			*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. <u> </u> <u> </u>	
15 <u>1-26-22</u> LOCAL REGISTRAR <u>Jas. Cooper</u>			19 Place of Burial or Removal <u>City</u> DATE OF BURIAL <u>July 27, 1922</u>	
			20 UNDERTAKER <u>J. F. Day</u> ADDRESS <u>Spartanburg, S.C.</u>	

Write Plainly With Unfading Black Ink—This Is a Permanent Record.

N. B.—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. OCCUPATION is very important. See Instructions on back of certificate.

MINNIE DYE

DEATH DATE: 26 JAN 1922
 AGE AT DEATH: 47 YEARS
 BORN: 1875
 GENDER: FEMALE
 COLOR: WHITE
 COUNTY OF DEATH: SPARTANBURG
 CERTIFICATE NUMBER: OO1381

WIFE OF John Madison Dye, son of John Wesley Dye, son of William Thomas Dye, son of John Dye & Agnes Ferguson Stone.