

# SOUTH CAROLINA DEATH RECORDS, 1821-1955

No. 10

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. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. MCGAW OF COLUMBIA, COLUMBIA S. C.

1. PLACE OF DEATH			CERTIFICATE OF DEATH		File No.—For State Registrar Only.
STATE OF SOUTH CAROLINA.			Bureau of Vital Statistics		19387
State Board of Health					
County of <u>Spartanburg</u>			Registration District No. <u>40-a</u>		Registered No. <u>331</u>
Township of <u>11</u>					(For use of Local Registrar)
or Inc. Town of <u>11</u>					(If death occurred in a Hospital or Institution give its NAME instead of street and number.)
or City of <u>Spartanburg</u>			St. <u>Johnson</u>		<u>5</u> Ward
2. FULL NAME <u>Mrs Nancy M. Dye</u>			Residence In City		Yrs. Mos. Days
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>	16 DATE OF DEATH <u>Oct 18, 1920</u>		
6 DATE OF BIRTH _____, 18 <u>38</u>			17 I HEREBY CERTIFY, That I attended deceased from _____		
(Month) (Day) (Year)			19... to ... 19... that I last saw h... alive on _____		
7 AGE <u>82</u> yrs. mos. dys.			19... and that death occurred, on the date stated above, at _____		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>House Work</u>			The CAUSE OF DEATH* was as follows: <u>Died suddenly suppose Heart Failure</u>		
(b) General nature of Industry, business, or establishment in which employed (or employer) _____			(Duration) ... yrs. ... mos. ... days		
9 BIRTHPLACE (State or Country) <u>S.C.</u>			Contributory (SECONDARY) _____		
PARENTS	10 NAME OF FATHER <u>John S Cannon</u>		(Duration) ... yrs. ... mos. ... days		
	11 BIRTHPLACE OF FATHER (State or Country) <u>S.C.</u>		18 Where was disease contracted if not at place of death? _____		
	12 MAIDEN NAME OF MOTHER <u>Bagwell</u>		Did an operation precede death? _____ Date of _____		
	13 BIRTHPLACE OF MOTHER (State or Country) <u>S.C.</u>		Was there an autopsy? _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>A. M. Dye</u>			What test confirmed diagnosis? <u>Dr. Cutt</u>		
(Address) <u>Spartanburg S.C.</u>			(Signed) _____ M. D.		
15 Filed <u>10-18-20</u> <u>Jas Copes</u> LOCAL REGISTRAR.			19 Place of Burial or Removal <u>Spartanburg Co</u> DATE OF BURIAL <u>Oct 19, 1920</u>		
			20 UNDERTAKER <u>J. F. Floyd</u> ADDRESS <u>Spartanburg</u>		

NANCY M CANNON DYE

DEATH DATE: 18 Oct 1920  
 AGE AT DEATH: 82 YEARS  
 BORN: 1838  
 GENDER: FEMALE  
 COLOR: WHITE  
 COUNTY OF DEATH: SPARTANBURG  
 CERTIFICATE NUMBER: O19387

WIFE OF JOHN WESLEY DYE  
 SON OF WM DYE & MATILDA GOINS