

# NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS <i>Anthony</i>			
STANDARD CERTIFICATE OF DEATH			
1 PLACE OF DEATH County <u>Cleveland</u> Registration District No. <u>232154</u>		392	
Township <u>Kings Mtn</u> or Village _____		Register No. <u>11</u>	
2 FULL NAME <u>Noah W McEntire</u>			
(a) Residence No. _____ St. _____		Ward _____	
(Usual place of abode) (If nonresident give city or town and State)			
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?	
yr.	mos.	ds.	yr. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS			
3 Sex <u>Male</u>	4 Color or race <u>wh</u>	5 Single, Married, Widowed, or Divorced <u>married</u>	
6a If married, widowed, or divorced Husband of (or) Wife of _____			
6 Date of Birth (month, day, and year) _____			
7 Age	years	Months	Days
<u>35</u>	<u>5</u>	<u>19</u>	If LESS than 1 day, hrs. or min. _____
8 Occupation of deceased			
(a) Trade, Profession, or particular kind of work <u>Barber</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9 Birthplace (city or town) _____ (State or country) <u>N.C.</u>			
10 Name of Father <u>J S McEntire</u>			
11 Birthplace of Father (city or town) _____ (State or country) <u>N.C.</u>			
12 Maiden Name of Mother <u>Eliza Ramsey</u>			
13 Birthplace of Mother (city or town) _____ (State or country) <u>N.C.</u>			
14 Informant <u>Mrs W. B. McEntire</u> (Address) <u>Kings Mtn N.C.</u>			
15 Filed <u>1/13/30</u> <u>W. H. Houser</u> REGISTRAR			
MEDICAL CERTIFICATE OF DEATH			
16 Date of Death (month, day, and year) <u>Jan 13 1930</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 13, 1930</u> to <u>Jan 13, 1930</u> that I last saw him alive on <u>Jan 13, 1930</u> and that death occurred, on the date stated above, at _____ m.			
The CAUSE OF DEATH was as follows: <u>Heart failure</u>			
(duration) <u>95</u> yrs. <u>several</u> mos. ds.			
Contributory (SECONDARY) _____ (duration) _____ yrs. _____ mos. ds.			
18 Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>E. Anthony</u> M. D.			
1-13-30 (Address) <u>Kings Mtn</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.)			
19 Place of Burial, Cremation, or removal <u>Union Ch Cleveland</u>		Date of Burial <u>1-14-30</u>	
20 Undertaker <u>Feltous Mortuary Kings Mtn</u>		Address _____	

NOAH W McENTIRE

GENDER: MALE  
 RACE: WHITE  
 AGE: 35 YEARS 5 MONTHS  
 BIRTH DATE: ABT 1894  
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES  
 DEATH DATE: 13 JAN 1930  
 DEATH LOCATION: KINGS MOUNTAIN, CLEVELAND  
 FATHER'S NAME: J S McENTIRE  
 MOTHER'S NAME: ELIZA RAMSEY