

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

AUG 7 1974		NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS				23590	
REGISTRATION DISTRICT NO. <u>Q3-70</u>		CERTIFICATE OF DEATH				LOCAL NO.	
E, OR PRINT IN PERMANENT BLACK INK	1. NAME OF DECEASED Oveida Hord Ware					2. DATE OF DEATH 7-29-1974	
	3. SEX Female	4. COLOR OR RACE White	5. STATE OF BIRTH South Carolina	6. DATE OF BIRTH 6-7-1900	7. AGE IN YEARS LAST BIRTHDAY 74	8. # UNDER 1 YEAR MONTHS	9. # UNDER 24 HOURS DAYS
DECEASED	10a. PLACE OF DEATH COUNTY Cleveland		10b. CITY OR TOWN Kings Mountain		10c. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina		
	10d. NAME OF HOSPITAL OR INSTITUTION Kings Mountain Hospital		10e. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		10f. CITY OR TOWN Kings Mountain		
I 3	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		11a. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) James C. Ware (Dec.)		11b. STREET ADDRESS OR R.F.D. No. 110 Monte Vista Drive		11c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
	12. CITIZEN OF WHAT COUNTRY? USA		13. SOCIAL SECURITY NUMBER 246-16-0896		14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Textiles		14b. KIND OF BUSINESS OR INDUSTRY
PARENTS	15. FATHER'S NAME General Wayne Hord			16. MOTHER'S MAIDEN NAME Bertha Maude Allen			
	17. INFORMANT'S NAME AND ADDRESS Ralph E. Ware, Gastonia, N.C.						
STATE BOARD OF HEALTH COPY	18. PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:	
	(a) IMMEDIATE CAUSE 4124 ✓ anemia					months	
CAUSE	(b) DUE TO, OR AS A CONSEQUENCE OF: 4124 ✓ Atherosclerotic C-V Disease					Years	
	(c) DUE TO, OR AS A CONSEQUENCE OF:						
CERTIFIER	19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)					19b. AUTOPSY? (YES OR NO) NO	
	20a. TIME OF INJURY MONTH DAY YEAR HOUR					20b. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	
FINGER ISSUES	21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 7-12-74 TO 7-29-74 AND LAST SAW HIM ALIVE ON 7-29-74					22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED	
	23a. SIGNATURE OF CERTIFIER Joseph Lee M					23b. DATE SIGNED 8-1-74	
BURIAL	24a. BURIAL, CREMATION, OTHER Burial		24b. DATE 7-31-1974		24c. NAME OF CEMETERY OR CREMATORY El Bethel 6h, Cemetery		
	24d. FUNERAL HOME Harris Funeral Home, Kings Mtn., N.C.		24e. ADDRESS		24f. LOCATION (CITY, TOWN, OR COUNTY) STATE Rt. 2, Kings Mtn., N.C.		
25. DATE REC'D BY LOCAL REG. 8-5-74		25a. SIGNATURE OF REGISTRAR		25b. SIGNATURE OF FUNERAL DIRECTOR Allie Harris		25c. LICENSE NO. 169	
26. SIGNATURE OF REGISTRAR		26a. SIGNATURE OF FUNERAL DIRECTOR Allie Harris		26b. LICENSE NO. 236			

OVEIDA HORD WARE

GENDER: FEMALE
 RACE: WHITE
 AGE: 74
 BIRTH DATE: 7 JUN 1900
 BIRTH PLACE: SOUTH CAROLINA, UNITED STATES
 DEATH DATE: 29 JUL 1974
 DEATH LOCATION: KINGS MOUNTAIN, CLEVELAND
 SPOUSE'S NAME: DEC JAMES C WARE
 FATHER'S NAME: GENERAL WAYNE HORD
 MOTHER'S NAME: BERTHA MAUDE ALLEN
 RESIDENCE: KINGS MOUNTAIN, CLEVELAND, NORTH CAROLINA