

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

MRS RICIE DYCUS OWENS

GENDER: FEMALE
 RACE: WHITE
 AGE: 74
 BIRTH DATE: 10 JUL 1866
 BIRTH PLACE: RUTHERFORD
 DEATH DATE: 4 OCT 1940
 DEATH LOCATION: RUTHERFORDTON,
 RUTHERFORD
 SPOUSE'S NAME: WILLIS OWENS
 FATHER'S NAME: GREENE DYCUS
 MOTHER'S NAME: EDIE BENEDES
 RESIDENCE: RUTHERFORDTON,
 RUTHERFORD, NORTH CAROLINA

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:
 Please write the causes of death clearly and legibly.

B. V. S. Form 8		NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		152
CERTIFICATE OF DEATH				
1. PLACE OF DEATH:		Registration Dist. No. <u>81-11</u> Certificate No. <u>18</u>		
(a) County	<u>Rutherford</u>	2. HOME (USUAL RESIDENCE) OF DECEASED:		
(b) Township	<u>Rutherford</u>	(a) State	<u>NC</u>	
(c) City or town	<u>Rutherfordton</u>	(b) County	<u>Rutherford</u>	
(d) Street, hospital or institution		(c) City or town	<u>Rutherfordton</u>	
(e) Length of stay in hospital or institution		(d) Street or R.F.D.		
In this community	<u>Days</u>	(e) Is place of residence in corporate limits?	<u>No</u>	
	(Yrs., mos., or days)	(f) If foreign born, how long in U.S.A.?	years.	
3(a) FULL NAME	<u>Mrs. Ricie Dycus Owens</u>			
3(b) If veteran, name war		3(c) Social Security No.	<u>570</u>	
4. Sex	5. Color or Race	6(a) Single, married, widowed, or divorced.		
<u>Female</u>	<u>White</u>	<u>Married</u>		
6(b) Name of husband or wife	<u>Willis Owens</u>			
6(c) Age of husband or wife if alive	years.			
7. Birth date of deceased	<u>July 10, 1866</u>			
8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>23</u>	hrs. mins.
9. Birthplace	<u>Rutherford Co.</u>			
10. Usual occupation	<u>Housewife</u>			
11. Industry or business				
MOTHER	12. Name <u>Greene Dycus</u>			
FATHER	13. Birthplace <u>Rutherford County</u>			
	14. Maiden Name <u>Edie Benedes</u>			
	15. Birthplace <u>Rutherford County</u>			
16(a) Informant's Signature	<u>Greene Dycus</u>			
(b) Address	<u>1301 E. 1st St.</u>			
17(a) <u>Tonral</u>	(b) Date thereof	<u>Oct 7, 1940</u>		
(Burial, cremation, or removal)	(Month, day, year)	18(a) Where did injury occur?		
(c) Cemetery	<u>Walls near Boshie</u>			
(d) Location	<u>near Boshie</u>			
18(a) Funeral director	<u>E. N. Washburn</u>			
(b) Address	<u>105 E. 11th St.</u>			
19(a) <u>Nov 5 1940</u>	(b) <u>Mrs. C. W. Moore</u>	23. Signature <u>J. H. Hunt</u>		
Filed	Registrar	Address <u>Spindale</u> Date signed <u>Oct 4 1940</u>		
		MEDICAL CERTIFICATION		
		20. Date of death <u>Oct 4 1940</u> at <u>4:30 P.M.</u>		
		21. I certify that death occurred on the date above stated; that I attended deceased from <u>Sept 4 1940</u> to <u>Oct 1 1940</u> and that I last saw him alive on <u>Oct 1 1940</u>		
		Immediate cause of death <u>Arterio Sclerosis</u> Duration		
		<u>gigantia</u>		
		Due to		
		Due to		
		Other conditions (Include pregnancy within 3 months of death)		
		Physician		
		Underline the cause to which death should be charged statistically.		
		Major findings: Of operations		
		Of autopsy		
		22. If death was due to external causes, fill in the following:		
		(a) Accident, suicide, or homicide (specify)		
		(b) Date of occurrence		
		(c) Where did injury occur? (City or town) (County) (State)		
		(d) Did injury occur about home, on farm, in industrial place, in a public place? (Specify type of place)		
		While at work?		
		(e) Means of injury		