

# NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

FEB 9 1972 NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH 1563

REGISTRATION DISTRICT NO. 26-90 LOCAL NO. \_\_\_\_\_

3600 TYPE OR PRINT IN PERMANENT BLACK INK

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STATE BOARD OF HEALTH COPY

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CERTIFIER

BURIAL

FORM 8 REV. 1-68 1-68-1988

1. NAME OF DECEASED <b>Robert Pinkney Digh</b>		DATE OF DEATH <b>January 19 1972</b>	
2. SEX <b>M</b>	3. COLOR OR RACE <b>W</b>	4. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>N. Carolina</b>	5. DATE OF BIRTH <b>Dec 18, 1900</b>
6. PLACE OF DEATH COUNTY <b>Gaston</b> CITY OR TOWN <b>Gastonia</b>		7. USUAL RESIDENCE (WHERE DECEASED LIVED; IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE <b>N. Carolina</b> COUNTY <b>Gaston</b>	
8. NAME OF HOSPITAL OR INSTITUTION <b>Medicenter</b>		9. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b> CITY OR TOWN <b>Cramerton</b>	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Flora Matheny</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. SOCIAL SECURITY NUMBER <b>244 03 7787</b>	
14a. USUAL OCCUPATION (INDUSTRY OR BUSINESS) <b>Textiles</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Textiles</b>	
15. FATHER'S NAME <b>George Digh</b>		16. MOTHER'S MAIDEN NAME <b>Ira Jane Daily</b>	
17. INFORMANT'S NAME AND ADDRESS <b>Mrs. Flora Digh, 379 Woodlawn Avenue, Cramerton, N.C.</b>			
PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR IEL, IEL, IEL)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE <i>Arteriosclerotic Heart Disease</i>			<i>2 yr.</i>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL, STATING THE UNDERLYING CAUSE LAST			
19. DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
19a. <i>Pulmonary Emphysema, Pneumonia</i>			20. AUTOPSY? (YES OR NO) <i>no</i>
20. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18))			
20a. TIME OF INJURY	20b. INJURY AT WORK (SPECIFY YES OR NO)	20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	20d. CITY OR R.F.D. COUNTY STATE
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>4-23-58</u> TO <u>1-19-72</u> AND LAST SAW HIM/HER ALIVE ON <u>1-18-72</u> DEATH OCCURRED AT <u>9:45 A</u> M. ON THE DATE STATED ABOVE, AND IN MY OPINION FROM THE CAUSES STATED		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 ABOVE. THE DECEDENT WAS ANNOUNCED DEAD AT _____ AL. OR _____	
21. SIGNATURE OF CERTIFIER <i>R. D. ...</i>		22. ADDRESS <i>Cramerton N.C.</i>	
23a. BURIAL, CREMATION, OTHER (SPECIFY) <b>burial</b>		23b. DATE <b>1-21-72</b>	
24a. NAME OF CEMETERY OR CREMATORY <b>Gaston Memorial Park</b>		24b. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Gastonia N.C.</b>	
25. FUNERAL HOME <b>Carothers Funeral Home, Gastonia, N.C.</b>		26. SIGNATURE OF FUNERAL DIRECTOR <i>W. ...</i>	
27. DATE RECD BY LOCAL REG. <b>1-20-72</b>		28. SIGNATURE OF REGISTRAR <i>St. ...</i>	
29. SIGNATURE OF UNBALMER <i>Woods Brothers</i>		30. LICENSE NO. <b>1222</b>	

**ROBERT PINKNEY DIGH**

GENDER: MALE  
 RACE: WHITE  
 AGE: 71  
 BIRTH DATE: 18 DEC 1900  
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES  
 DEATH DATE: 19 JAN 1972  
 DEATH LOCATION: GASTONIA, GASTON  
 SPOUSE'S NAME: FLORA MATHENY  
 FATHER'S NAME: GEORGE DIGH  
 MOTHER'S NAME: IRA JANE DAILY  
 RESIDENCE: CRAMERTON, GASTON, NORTH CAROLINA