

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

ROY CLAUDE RAMSEY

GENDER: MALE
 RACE: WHITE
 AGE: 78
 BIRTH DATE: 18 JUN 1893
 BIRTH PLACE: NORTH CAROLINA,
 UNITED STATES
 DEATH DATE: 2 FEB 1972
 DEATH LOCATION: BOILING
 SPRINGS, CLEVELAND
 SPOUSE'S NAME: FANNIE MCGINNIS
 FATHER'S NAME: HENRY A RAMSEY
 MOTHER'S NAME: ELVIRA DIGH
 RESIDENCE: MOORESBORO,
 CLEVELAND, NORTH CAROLINA

NORTH CAROLINA STATE BOARD OF HEALTH
 OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

4818

MAR 8 1972
 REGISTRATION DISTRICT NO. 23-00 LOCAL NO. _____

TYPE OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED: Roy Claude Ramsey
 2. DATE OF DEATH: February 2, 1972

3. SEX: Male
 4. COLOR OR RACE: White
 5. STATE OF BIRTH: North Carolina
 6. DATE OF BIRTH: 18 June 1893
 7. AGE IN YEARS LAST BIRTHDAY: 78

8. PLACE OF DEATH: COUNTY Cleveland
 CITY OR TOWN Boiling Springs
 9. USUAL RESIDENCE: STATE North Carolina COUNTY Cleveland

10. NAME OF HOSPITAL OR INSTITUTION: Royster Memorial Hosp.
 11. INSIDE CITY LIMITS: Yes
 12. CITY OR TOWN: Mooresboro

13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
 14. SURVIVING SPOUSE: Fannie McGinnis
 15. STREET ADDRESS OR R.F.D. No.: Route 1
 16. INSIDE CITY LIMITS: No

17. CITIZEN OF WHAT COUNTRY? U. S. A.
 18. SOCIAL SECURITY NUMBER: 241-05-0290
 19. USUAL OCCUPATION: Night watchman
 20. KIND OF BUSINESS OR INDUSTRY: Textile

21. FATHER'S NAME: Henry A. Ramsey
 22. MOTHER'S MAIDEN NAME: Elvira Digh

23. INFORMANT'S NAME AND ADDRESS: Mrs. Fannie M. Ramsey, Route 1, Mooresboro, North Carolina

PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, 1c)
 1a. IMMEDIATE CAUSE: Cerebral Thrombosis, Recurrent
 1b. DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerosis
 1c. DUE TO, OR AS A CONSEQUENCE OF: (blank)
 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
 UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
 19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED: (blank)
 19b. DESCRIBE HOW INJURY OCCURRED: (blank)
 19c. TIME OF INJURY: (blank)
 19d. INJURY AT WORK: (blank)
 19e. PLACE OF INJURY: (blank)
 19f. CITY OR R.F.D.: (blank)
 19g. COUNTY: (blank)
 19h. STATE: (blank)

24. CERTIFICATION - PHYSICIAN: I ATTENDED THE DECEASED FROM NOV 19 67
 25. I LAST SAW HIM/HER/LIVE ON Feb 9 72
 26. DEATH 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 DECEASED WAS PRONOUNCED DEAD AT 2:30 P.M. ON FEB 2 1972

27. SIGNATURE OF CERTIFIER: Helen W. Johnson M.D.
 28. DATE SIGNED: 2-8-72
 29. ADDRESS: Boiling Springs NC

30. BURIAL, CREMATION, OTHER: Burial
 31. DATE: 2-4-72
 32. NAME OF CEMETERY OR CREMATORY: Cleveland Mem. Park
 33. LOCATION: Cleveland County, NC

34. FUNERAL HOME: Clay - Barnette, Shelby, N. C.
 35. SIGNATURE OF FUNERAL DIRECTOR: (blank)
 36. LICENSE NO.: 352

37. DATE REC'D BY LOCAL REG.: 2-11-72
 38. SIGNATURE OF REGISTRAR: (blank)
 39. SIGNATURE OF EMBALMER: (blank)
 40. LICENSE NO.: 233

STATE BOARD OF HEALTH COPY
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