

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

B. V. S. Form 7

De Haro

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Cleveland Registration District No. 235289 State North Carolina 352
Township # 4 or Village _____ or _____
City _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Mrs. J. J. Gamble 374
(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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH | |
|--|---|---|--|------------------------------|--|
| 3 Sex <u>Female</u> | 4 Color or Race <u>White</u> | 5 Single, Married, Widowed, Divorced <u>Married</u> | 16 Date of Death (month, day, and year) <u>Nov 27 1929</u> | | |
| 6a If married, widowed, or divorced Husband of _____ (or) Wife <u>J. J. Gamble</u> | | | 17 I HEREBY CERTIFY, That I attended deceased from <u>Nov. 15 - 1929 to Nov 27 1929</u> and that I last saw <u>her</u> alive on <u>Nov 23 1929</u> and that death occurred, on the date stated above, at <u>8:45 a.m.</u> | | |
| 6 Date of Birth (month, day, and year) <u>7-3-1884</u> | | | The CAUSE OF DEATH* was as follows: <u>Diabetes m - (57)</u> | | |
| 7 Age years <u>45</u> Months <u>8</u> Days <u>19</u> | 8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | Contributory (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds. | | |
| 9 Birthplace (city or town) <u>Cleveland</u> (State or country) | | | 18 Where was disease contracted If not at place of death? <u>W</u> | | |
| 10 Name of Father <u>Perry Dye</u> | | | Did an operation precede death? _____ Date of _____ | | |
| 11 Birthplace of Father (city or town) <u>Cleveland</u> (State or country) | | | Was there an autopsy? <u>W</u> | | |
| 12 Maiden Name of Mother <u>Elizabeth Ware</u> | | | What test confirmed diagnosis? (Signed) <u>J. Haro</u> M. D. , 19 <u>Nov 27 1929</u> (Address) <u>Imp 70</u> | | |
| 13 Birthplace of Mother (city or town) <u>Cleveland</u> (State or country) | | | *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.) | | |
| 14 Informant <u>Mr. J. J. Gamble</u> (Address) <u>1215 W. Main St. Cleveland</u> | | | 19 Place of Burial, Cremation, or removal <u>Elmhurst Church</u> Date of Burial <u>Nov 29 1929</u> | | |
| 15 Filed <u>12/5/29</u> <u>D. J. House</u> REGISTRAR | | | Undertaker <u>Johnnie F. Home</u> <u>Shelby</u> <u>FLC</u> | | |

Important. See instructions on back of certificate.

MRS. J J GAMBLE
SALLIE DYE GAMBLE

GENDER: FEMALE
RACE: WHITE
AGE: 45
BIRTH DATE: 3 JUL 1884
BIRTH PLACE: CLEVELAND
DEATH DATE: 27 NOV 1929
DEATH LOCATION: # 4, CLEVELAND
SPOUSE'S NAME: J J GAMBLE
FATHER'S NAME: PERRY DYE
MOTHER'S NAME: ELIZABETH WARE