

# NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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

Birth No. 132 \_\_\_\_\_

6825

APR 7 1953 <sup>53</sup>  
REGISTRATION DISTRICT NO. 55-70 REGISTRAR'S CERTIFICATE NO. 19

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		b. TOWNSHIP _____	c. LENGTH OF STAY (in this place) _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>N. C.</b> b. COUNTY <b>Lincoln</b>			
d. CITY OR TOWN <b>Lincolnton, N.C.</b>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN <b>Lincolnton, N.C.</b>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/>		
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Crowell Hospital</b>				d. STREET ADDRESS OR R. F. D. NO. <b>Rt. # 1</b>				
3. NAME OF DECEASED a. (First) <b>Samuel</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Digh</b>			4. DATE OF DEATH <b>2-11-53</b>		(Month) (Day) (Year)			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7-4-1901</b>		9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b> IF UNDER 24 HRS. Hours <b>7</b> Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Overseer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Textile Mill</b>		11. BIRTHPLACE (State or foreign country) <b>Cleveland Co. N. C.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>John Digh</b>				14. MOTHER'S MAIDEN NAME <b>Margaret Carter</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. <b>239-51-0804</b>		17. INFORMANT'S NAME AND ADDRESS <b>Mrs. Bertie S. Digh - Rt. # 1</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death." <b>442 X</b>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Woman - Secondary to:</b>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertensive Cardiac Vascular Disease</b>		DUE TO (b) _____				
		DUE TO (c) <b>Stroke</b>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 1952, to Feb 11, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>James G. Kimball M.D.</b> (Degree or title)				23b. ADDRESS <b>Lincolnton, N.C. 27033</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-12-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hollybrook</b>		24d. LOCATION (City, town, or county) (State) <b>Lincolnton, N.C.</b>		
DATE REC'D BY LOCAL REG. <b>3-28-53</b>		REGISTRAR'S SIGNATURE <b>Lincolnton, N.C.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Warlick Funeral Home - Inc.</b>				

**SAMUEL FRANKLIN DIGH**

GENDER: MALE  
 RACE: WHITE  
 AGE: 51  
 BIRTH DATE: 4 JUL 1901  
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES  
 DEATH DATE: 11 FEB 1953  
 DEATH LOCATION: LINCOLNTON, LINCOLN  
 FATHER'S NAME: JOHN DIGH  
 MOTHER'S NAME: MARGARET CARTER  
 RESIDENCE: LINCOLNTON, LINCOLN, NORTH CAROLINA

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.  
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 All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

FORM 8 Rev. 1/49