

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B.V.S. Form 7
NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 365

Dr. Matthews

1. PLACE OF DEATH
 County Cleveland Registration District No. 22-5282 Certificate No. 27
 Township Shelby 6 or Village _____ or _____
 City Shelby No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 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.

2. FULL NAME Sarah Wright 623
 (a) Residence: No. South Shelby St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>June 11</u> . 19 <u>32</u>	
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of <u>George Wright</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> . 19 <u>32</u> to <u>June 11</u> . 19 <u>32</u> I last saw her alive on <u>June 11</u> . 19 <u>32</u> Death is said to have occurred on the date stated above, at _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>May 11, 1850</u>					The principal cause of death and related causes of importance in order of onset were as follows: <u>Myocarditis - Chronic</u> <u>Hypertension, Chronic Interstitial</u> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 5px auto;">131</div>	
7. AGE <u>82</u> Years		Months <u>1</u>	Days <u>1</u>	IF LESS than 1 day, _____ hr. or _____ min.		Date of onset _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					Contributory causes of importance not related to principal causes: <u>Uræmia</u> 6-9-32	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year) _____					11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) _____ (State or country) <u>N.C.</u>						
13. NAME <u>Green Dycus</u>						
14. BIRTHPLACE (city or town) _____ (State or country) <u>N.C.</u>						
15. MAIDEN NAME <u>Dye</u>						
16. BIRTHPLACE (city or town) _____ (State or country) <u>N.C.</u>						
17. INFORMANT <u>J. B. Wright</u> (Address) <u>Shelby, N.C.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wall Church</u> Date <u>June 12</u> 19 <u>32</u>						
19. UNDERTAKER <u>Palmer's Funeral Home</u> (Address) <u>Shelby, N.C.</u>						
20. FILED <u>July 1</u> 19 <u>32</u> <u>Lee B. Weather</u> REGISTRAR.						

SARAH ANN DWEENY DYCUS WRIGHT

GENDER: FEMALE
 RACE: WHITE
 AGE: 82
 BIRTH DATE: 11 MAY 1850
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES
 DEATH DATE: 11 JUN 1932
 DEATH LOCATION: SHELBY, CLEVELAND
 SPOUSE'S NAME: GEORGE WRIGHT
 FATHER'S NAME: GREEN DYCUS
 MOTHER'S NAME: SUSAN DYE