

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **81-00** REGISTRAR'S CERTIFICATE NO. **37437**

JAN 9 1960

1. PLACE OF DEATH a. COUNTY <i>Rutherford</i>		b. TOWNSHIP <i>Legon Store</i>		c. LENGTH OF STAY (in 1s)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
d. CITY OR TOWN <i>Bostic, NC R-2</i>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Died at home</i>		a. STATE <i>NC</i>		b. COUNTY <i>Rutherford</i>		c. CITY OR TOWN <i>Bostic, NC</i>	
Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>		d. STREET ADDRESS or R. F. D. NO. <i>R.F.D.#2</i>		4. DATE OF DEATH		Month <i>12</i> Day <i>3</i> Year <i>1960</i>			
3. NAME OF DECEASED (Type or Print)		First <i>Sidney</i>		Middle <i>L. Lee</i>		Last <i>Ramsey</i>					
5. SEX <i>M.</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <i>8-28-1888</i>		9. AGE (In years last birthday) <i>72</i>		10. IF UNDER 1 YEAR Months <i>3</i> Days <i>5</i>	
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10c. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (State or foreign country) <i>Rutherford County, NC - U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					
13. FATHER'S NAME <i>Johnnie Ramsey</i>		14. MOTHER'S MAIDEN NAME <i>Mattie Grigg</i>		NAME OF HUSBAND OR WIFE <i>Fannie C. Ramsey</i>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <i>Mrs. Fannie Ramsey, Route 2 Bostic, NC</i>							
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).										INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i>											
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b)											
DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<i>332 Bronchopneumonia</i>											
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)		20c. TIME OF INJURY		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE	
21. I attended the deceased from <i>4 A</i> on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE <i>Edna Hygdon MD</i>		22b. ADDRESS <i>Rutherfordton, NC</i>		22c. DATE SIGNED <i>12-3-60</i>					
22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED							
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12-4-1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Harmony</i>		23d. LOCATION (City, town, or county) (State) <i>Near Bostic, NC</i>					
24. DATE REC'D BY LOCAL REG. <i>DEC 8 1960</i>		25. REGISTRAR'S SIGNATURE <i>Ann B. Lane, M.D.</i>		26. FUNERAL DIRECTOR <i>Woolburn Funeral Home</i>		ADDRESS <i>Bostic, NC</i>					

SIDNEY LEE RAMSEY

GENDER: MALE
 RACE: WHITE
 AGE: 72
 BIRTH DATE: 28 AUG 1888
 BIRTH PLACE: RUTHERFORD, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 3 DEC 1960
 DEATH LOCATION: BOSTIC, NC R-2, RUTHERFORD
 SPOUSE'S NAME: FANNIE C RAMSEY
 FATHER'S NAME: JOHNNIE RAMSEY
 MOTHER'S NAME: MATTIE GRIGG
 RESIDENCE: BOSTIE, RUTHERFORD, NORTH CAROLINA

This is a legal record and will be permanently filed.

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Type or write legibly. Use black ink.

3

All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

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. 1-58