

# NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

B. V. S. Form 7  
**NORTH CAROLINA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF DEATH** **468**

23  
**1 PLACE OF DEATH** Registration District No. 23-2150  
 County Cleveland State N.C. Register No. 6  
 Township 110-9 or Village Lawnside  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)

**2 FULL NAME** Susan Deigh  
 (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 28 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, or Divorced (write the word) <u>Married</u>			16 Date of Death (month, day, and year) <u>12-3-1929</u>	
5a If married, widowed, or divorced Husband of (or) Wife of <u>James Deigh</u>					17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 30, 1928, to Nov 30, 1929</u> that I last saw him alive on <u>Nov 30, 1929</u> and that death occurred, on the date stated above, at <u>12:00 a.m.</u>	
6 Date of Birth (month, day, and year) <u>Sept 18, 1859</u>					The CAUSE OF DEATH* was as follows: <u>Cancer mouth 2 yrs</u>	
7 Age 70 years		Months 2	Days 15	If LESS than 1 day, hrs. or min.		
8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					Contributory (SECONDARY) <u>Accident</u> (duration) _____ yrs. mos. ds.	
9 Birthplace (city or town) <u>N.C.</u> (State or country)					18 Where was disease contracted if not at place of death? _____	
10 Name of Father <u>Lawson Yount</u>					Did an operation precede death? <u>no</u> Date of _____	
11 Birthplace of Father (city or town) <u>N.C.</u> (State or country)					Was there an autopsy? <u>no</u>	
12 Maiden Name of Mother <u>Rhoda Bolick</u>					What test confirmed diagnosis? (Signed) <u>E. A. Houser</u> , M. D. <u>1-13-1932</u> (Address) <u>Shelby N.C.</u>	
13 Birthplace of Mother (city or town) <u>N.C.</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>James Deigh</u> (Address) <u>Lawnside N.C.</u>					19 Place of Burial, Cremation, or removal <u>Palms tree cem.</u>	Date of Burial <u>12-4-1929</u>
15 Filed <u>1/16 1930 Mrs L. Elam</u> REGISTRAR					20 Undertaker <u>The Stanley &amp; Hallston</u>	Address <u>N.C.</u>

Important. See instructions on back of certificate.

**SUSAN DEIGH (DIGH)**

GENDER: FEMALE  
 RACE: WHITE  
 AGE: 70  
 BIRTH DATE: 18 SEP 1859  
 BIRTH PLACE: NORTH CAROLINA,  
 UNITED STATES  
 DEATH DATE: 3 DEC 1929  
 DEATH LOCATION: LAWNDALE, CLAY  
 SPOUSE'S NAME: JAMES DIGH  
 FATHER'S NAME: LAWSON YOUNT  
 MOTHER'S NAME: RHODA BOLICK

2ND WIFE OF JAMES E DIGH  
 SON OF SALLIE DIGH (DYE)