

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

T. PLATO HAMRICK

GENDER: MALE
 RACE: WHITE
 AGE: 84
 BIRTH DATE: 5 OCT 1866
 BIRTH PLACE: NORTH CAROLINA,
 UNITED STATES
 DEATH DATE: 20 APR 1951
 DEATH LOCATION: 6, CLEVELAND
 FATHER'S NAME: BERRY HAMRICK
 MOTHER'S NAME: CELIA W PANNELL
 RESIDENCE: 6, CLEVELAND, NORTH
 CAROLINA

HIS MOTHER WAS
 PREVIOUSLY
 MARRIED TO
 THOMAS
 JEFFERSON
 RAMSEY THE SON
 OF ALEXANDER
 RAMSEY & AGNES
 DYE.

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS											
CERTIFICATE OF DEATH											
Birth No. 132 MAY 7 1951 REGISTRATION DISTRICT NO. <u>23-05-11</u> 7773											
1. PLACE OF DEATH a. COUNTY Cleveland						2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE N.C. b. COUNTY Cleveland					
b. CITY OR TOWN Rural # 6				c. LENGTH OF STAY (in this place) All Life		c. CITY OR TOWN Rural No# 6				d. STREET ADDRESS (If rural, give location) Shelby Route # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shelby Route # 4											
3. NAME OF DECEASED (Type or Print) a. (First) T. Initial Only			b. (Middle) Plato			c. (Last) Hamrick			4. DATE OF DEATH (Month) (Day) (Year) 4/20/1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10/5/1866		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Berry Hamrick						14. MOTHER'S MAIDEN NAME Celia W. Pannell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No				16. SOCIAL SECURITY NO		17. INFORMANT'S NAME AND ADDRESS Mrs. T.P. Hamrick Shelby, Route # 4					
18. CAUSE OF DEATH											
Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY				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 <u>March 1951</u> to <u>April 1951</u> , that I last saw the deceased alive on <u>4/20/51</u> 19 <u>51</u> , and that death occurred at <u>11:30 P.M.</u> from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) John B. White						23b. ADDRESS Shelby N.C.			23c. DATE SIGNED 4/20/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/22/1951		24c. NAME OF CEMETERY OR CREMATORY Beaver Dam		24d. LOCATION (City, town, or county) (State) Cleveland County, N.C.					
DATE REC'D BY LOCAL REG. 5-1-51			REGISTRAR'S SIGNATURE Mrs. J.B. Carriere			25. FUNERAL DIRECTOR ADDRESS Lutz - Austell Shelby, N.C.					

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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 3
Rev. 1/49