

# SOUTH CAROLINA DEATH RECORDS, 1821-1955

No. 10

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. (See Instructions on back of certificate.)

1. PLACE OF DEATH			CERTIFICATE OF DEATH STATE OF SOUTH CAROLINA		File No.—For State Registrar Only
County of <u>Fairfield</u>			Bureau of Vital Statistics State Board of Health		612
Township of # <u>1</u>			Registration District No. <u>1900</u>		Registered No. <u>1</u>
or Inc. Town of _____			(No. _____ St. _____ Ward _____)		(For use of Local Registrar) (If death occurred in a Hospital or Institution give its NAME instead of street and number.)
City of <u>Shelton</u>			Residence In City _____ Yrs. _____ Mos. _____ Days _____		
2. FULL NAME <u>Thomas E. Dye</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. <del>SINGLE</del> <u>Married</u> <del>WIDOWED</del> <del>OR DIVORCED</del> (Write the word)	16. DATE OF DEATH <u>Jan 8 1925</u> (Month) (Day) (Year)		
6. DATE OF BIRTH _____, 1_____ (Month) (Day) (Year)			17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1 1924</u> to <u>Jan 7 1925</u> , that I saw him alive on <u>Jan 7 1925</u> , and that death occurred, on the date stated above, at <u>7 P.m.</u> The CAUSE OF DEATH* was as follows: <u>Tubular Heart Lesion 90</u> (Duration) _____ yrs _____ mos _____ days Contributory <u>Chronic Nephritis</u> (SECONDARY) (Duration) _____ yrs _____ mos _____ days		
7. AGE <u>79</u> yrs _____ mos _____ dys. IF LESS than 1 day, _____ hrs. or _____ min.?			18. Where was disease contracted, if not at place of death? _____ Did operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? (Signed) <u>C. A. McTurkin</u> M.D. <u>Jan 9 1925</u> (Address) <u>Chester S.C.</u>		
8. OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
9. BIRTHPLACE (State or Country) <u>Chester Co</u>			19. Place of Burial or Removal <u>Antioch Church</u>		
PARENTS	10. NAME OF FATHER <u>George Dye</u>		DATE OF BURIAL <u>Jan 10 1925</u>		
	11. BIRTHPLACE OF FATHER (State or Country) <u>Chester, Co</u>		20. UNDERTAKER _____ ADDRESS _____		
	12. MAIDEN NAME OF MOTHER <u>Betsey Roberts</u>				
	13. BIRTHPLACE OF MOTHER (State or Country) <u>Chester Co</u>				
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Alex Dye</u>					
(Address) <u>Shelton, S.C.</u>					
15. FILED <u>Jan 9 1925</u> <u>Mrs. C. W. Faircette</u> Local Registrar.					

CARY-BARBER PRINTING CO.

**THOMAS E DYE**

DEATH DATE: 8 JAN 1925  
 AGE AT DEATH: 79 YEARS  
 BORN: 1846  
 GENDER: MALE  
 COLOR: WHITE  
 COUNTY OF DEATH: FAIRFIELD  
 CERTIFICATE NUMBER: 000612

SON OF GEORGE LEMLEY DYE & BETSEY ROBERTS  
 GRANDSON OF GEORGE DYE AND MARY LEMLEY.  
 HIS WIFE WAS Elizabeth Moberly.