

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

Every item of information should be carefully supplied. The correct age is especially important. Please write the cause of death clearly and legibly.

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH:

(a) County Lincoln

(b) Township _____
(If in town limits, leave blank)

(c) City or town Lincolnton
(If outside city or town limits, write RURAL)

(d) Street, hospital or institution Crowell Hospital

(e) Length of stay in hospital or institution Part of 1 day
(Yrs., mos., or days)

In this community 1 day
(Yrs., mos., or days)

Registration Dist. No. 50-60 Certificate No. 6

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N. C. (b) County Gaston

(c) City or town Bessemer City

(d) Street or R.F.D. #1

(e) Is place of residence in corporate limits? No

(f) If foreign born, how long in U.S.A.? years

3(a) FULL NAME Thomas T. Dye

3(b) If veteran, name war None **3(c) Social Security No.** 244-14-9204

4. Sex Male **5. Color or Race** White **6(a) Single, married, widowed, or divorced.** Married

6(b) Name of husband or wife Amanda J. Dye

(c) Age of husband or wife if alive 65 years.

7. Birth date of deceased September 18, 1874
(month, day and year)

8. AGE: Years 66 Months 7 Days 26 If less than one day hrs. min.

9. Birthplace Cleveland County, N. C.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Perry Dye

13. Birthplace Spartanburg, S. C.

14. Maiden Name Elizabeth Ware

15. Birthplace Cleveland County, N. C.

16(a) Informant's Signature Thomas T. Dye

(b) Address #1, Bessemer City, N. C.

17(a) Burial Burial (b) Date thereof 5/16/41
(Burial, cremation, or removal) (Month, day, year)

(c) Cemetery St Bethel

(d) Location Kings Mtn., N. C.

18(a) Funeral director CARPENTER BROTHERS

(b) Address Cherryville, N. C.

19(a) 9/22/41 (b) D. W. Foster
Filed Registrar

MEDICAL CERTIFICATION

20. Date of death May 14, 1941 at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14-41 to 1941 and that I last saw him alive on 5-14-41

Immediate cause of death Gastrointestinal Hemorrhage

Due to Gastric carcinoma with wide metastases 3 years

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations No operation

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur about home, on farm, in industrial place, in a public place? _____
(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature L. A. Crowell, Jr. M.D.
Address Lincolnton Date signed 9-18-41
nc.

Physician
Underline the cause to which death should be charged statistically.

THOMAS T DYE

GENDER: MALE
 RACE: WHITE
 AGE: 66
 BIRTH DATE: 18 SEP 1874
 BIRTH PLACE: CLEVELAND, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 14 MAY 1941
 DEATH LOCATION: LINCOLNTON, LINCOLN
 SPOUSE'S NAME: AMANDA J DYE
 FATHER'S NAME: PERRY DYE
 MOTHER'S NAME: ELIZABETH WARE
 RESIDENCE: BESSEMER CITY, GASTON, NORTH CAROLINA