

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS					94	
STANDARD CERTIFICATE OF DEATH						
1 PLACE OF DEATH			Registration District No. <u>50-2916</u>		Register No. <u>597</u>	
County <u>Mecklenburg</u>			State _____			
Township <u>Charlotte</u>			or Village _____			
City <u>Charlotte</u>			No. _____		Ward _____	
(If death occurred in a hospital or institution, give its name instead of street and number)						
2 FULL NAME <u>Waco Digh</u>						
(a) Residence. No. <u>Hosick, N.C.</u>			St. _____		Ward _____	
(If nonresident give city or town and State)						
Length of residence in city or town where death occurred			vs. mos. ds.		How long in U. S. if of foreign birth? vs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3 Sex <u>Male</u>		4 Color or Race <u>White</u>		5 Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		
5a If married, widowed, or divorced Husband of _____ (or) Wife of _____						
6 Date of Birth (month, day, and year) <u>1906</u>						
7 Age years <u>20</u>		Months _____		Days _____		If LESS than 1 day, _____ hrs. or _____ min.
8 Occupation of deceased						
(a) Trade, Profession, or particular kind of work _____						
(b) General nature of industry, business, or establishment in which employed (or employer) _____						
(c) Name of employer _____						
9 Birthplace (city or town) _____ (State or country) <u>N.C.</u>						
10 Name of Father <u>Geo. P. Digh</u>						
11 Birthplace of Father (city or town) _____ (State or country) <u>N.C.</u>						
12 Maiden Name of Mother <u>Angeline Doves</u>						
13 Birthplace of Mother (city or town) _____ (State or country) <u>N.C.</u>						
14 Informant <u>G. C. Carpenter</u> (Address) <u>Salisbury, N.C.</u>						
15 Filed <u>8-17-26</u> <u>Darryl R. Waller</u> REGISTRAR						
16 Date of Death (month, day, and year) <u>Aug 16, 1926</u>				17		
I HEREBY CERTIFY, That I attended deceased from <u>Aug. 16, 1926, to Aug. 16, 1926</u> that I last saw him alive on <u>Aug. 16, 1926</u> at <u>10:00 a.m.</u> and that death occurred, on the date stated above, at <u>3:100 m.</u>						
The CAUSE OF DEATH* was as follows: <u>Fracture skull</u> <u>Motor vehicle accident</u> <u>XIII</u> (duration) _____ yrs. _____ mos. _____ ds.						
Contributory <u>Fracture of four right ribs</u> (SECONDARY) <u>with shock</u> . (duration) _____ yrs. _____ mos. _____ ds.						
18 Where was disease contracted _____ If not at place of death? <u>Newells, N.C.</u>						
Did an operation precede death? <u>NO</u> Date of _____						
Was there an autopsy? <u>NO</u>						
What test confirmed diagnosis? <u>morning mouth</u> <u>nose and ears</u> . (Signed) <u>J. M. D.</u> M. D. , 19 _____ (Address) <u>Charlotte, N.C.</u>						
*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.)						
19 Place of Burial, Cremation, or removal <u>Hosick, N.C.</u>				Date of Burial <u>9/17/26</u>		
20 Undertaker <u>Z.A. Hovis - Son</u>				Address <u>Charlotte</u>		

WACO DIGH

GENDER: MALE
 RACE: WHITE
 AGE: 20
 BIRTH DATE: 1906
 BIRTH PLACE: NORTH CAROLINA,
 UNITED STATES
 DEATH DATE: 16 AUG 1926
 DEATH LOCATION: CHARLOTTE,
 MECKLENBURG
 FATHER'S NAME: GEO P DIGH
 MOTHER'S NAME: ANGLINE DAVES