

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NORTH CAROLINA STATE BOARD OF HEALTH

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OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

43877

JAN 8 - 1974
REGISTRATION DISTRICT NO. 12-80 LOCAL NO. _____

12-00
TYPE OR PRINT IN PERMANENT BLACK INK
200
1
1-N
3

1. NAME OF DECEASED: **Whit Alexander Digh**

DATE OF DEATH: **25 Dec 73**

2. SEX: **Male** COLOR OR RACE: **White** STATE OF BIRTH: **N.C.** DATE OF BIRTH: **16 Dec 1886** AGE: **86**

3. PLACE OF DEATH: COUNTY: **Burke Co.** CITY OR TOWN: **Morganton** STATE: **N.C.** COUNTY: **Burke Co.**

4. NAME OF HOSPITAL OR INSTITUTION: **Grace Hospital** INSIDE CITY LIMITS: **Yes** CITY OR TOWN: **Morganton**

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Widowed** SURVIVING SPOUSE: **None** STREET ADDRESS OR R.F.D. No.: **Rt #10 Box 314** INSIDE CITY LIMITS: **no**

6. CITIZEN OF WHAT COUNTRY?: **USA** SOCIAL SECURITY NUMBER: **Unknown** USUAL OCCUPATION: **Retired Farmer** KIND OF BUSINESS OR INDUSTRY: **None**

7. FATHER'S NAME: **James E. Digh** MOTHER'S MAIDEN NAME: **Margaret Gardner**

8. INFORMANT'S NAME AND ADDRESS: **Janie Allmar (Step Daughter) Rt #10 Box 314 Morganton, N.C.**

PART I. DEATH CAUSED BY: **Left Lower lobe pneumonia** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **2 days**

18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: **Congestive heart failure**

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED: **None** DESCRIBE HOW INJURY OCCURRED: **None**

20a. TIME OF INJURY: **None** 20b. PLACE OF INJURY: **None** 20c. CITY OR R.F.D.: **None** 20d. COUNTY: **None** 20e. STATE: **None**

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM **12/4/73** TO **12/5/73** AND LAST SAW HIM/LER ALIVE ON **12/5/73** DEATH: **6:30 A.M.**

22. ABOVE, THE DECEDENT WAS PRONOUNCED DEAD AT **6:30 A.M.**

23a. SIGNATURE OF CERTIFIER: **James M. Proff** M.D. DATE SIGNED: **12/21/73** ADDRESS: **Morganton, N.C. 28655**

23b. BURIAL/CREMATION/OTHER: **Burial** DATE: **7 Dec 73** NAME OF CEMETERY OR CREMATORY: **Oak Hill Meth Ch Cem** LOCATION: **Burke Co., N.C.**

24. FUNERAL HOME: **Kirksey Funeral Home Morganton** SIGNATURE OF FUNERAL DIRECTOR: **Edwin H. Proff** LICENSE NO.: **7204**

25. DATE REC'D BY LOCAL REG.: **1-2-74** SIGNATURE OF REGISTRAR: **James L. Proff** SIGNATURE OF EXAMINER: **Edwin H. Proff** LICENSE NO.: **1231**

FORM 8 REV. 1-68 1-68-1282a

WHIT ALEXANDER DIGH

GENDER: MALE
RACE: WHITE
AGE: 86
BIRTH DATE: 16 DEC 1886
BIRTH PLACE: NORTH CAROLINA, UNITED STATES
DEATH DATE: 5 DEC 1973
DEATH LOCATION: MORGANTON, BURKE
FATHER'S NAME: JAMES E DIGH
MOTHER'S NAME: MARGARET GARDNER
RESIDENCE: MORGANTON, BURKE, NORTH CAROLINA