

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

201

1 PLACE OF DEATH County Lincoln Registration District No. 55-7377 State NC Register No. 26
Township _____ or Village _____ or
City Lincolnton No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Franklin Digh
(a) Residence. No. _____ Sr. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. 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>	16 Date of Death (month, day, and year) <u>May 14 1923</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>May 14 1923</u> , to <u>May 14 1923</u> that I last saw him alive on <u>May 14 1923</u> and that death occurred, on the date stated above, at <u>10 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Convulsions</u> <u>Caused by injury</u> <u>pressure</u> (duration) yrs. mos. ds. <u>1</u>	
5a If married, widowed, or divorced Husband of (or) Wife of			6 Date of birth (month, day, and year) <u>May 13 1923</u>			
7 Age years Months Days <u>1</u> 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		18 Where was disease contracted if not at place of death? <u>10 A</u> Did an operation precede death? Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>J. H. Hamble</u> M.D. 19 <u>23</u> (Address) <u>Lincolnton NC</u>	
9 Birthplace (city or town) (State or country) <u>Lincolnton</u>			10 Name of Father <u>Samuel F Digh</u>		19 Place of Burial, Cremation, or removal <u>Wm Zion Cemetery</u> Date of Burial <u>May 15 1923</u> 20 Undertaker <u>Markels Turn Va</u> Address <u>Lincolnton</u>	
11 Birthplace of Father (city or town) (State or country) <u>Cleveland NC</u>			12 Maiden Name of Mother <u>Wilmer M Caldwell</u>			
13 Birthplace of Mother (city or town) (State or country) <u>Lincoln Co</u>			14 Informant <u>Samuel F Digh</u> (Address) <u>Lincolnton</u>			
15 Filed _____ 19 _____			REGISTRAR			

important. See instructions on back of certificate.

WILLIAM FRANKLIN DIGH

GENDER: MALE
RACE: WHITE
AGE: 0
BIRTH DATE: 13 MAY 1923
BIRTH PLACE: LINCOLNTON
DEATH DATE: 14 MAY 1923
DEATH LOCATION: LINCOLNTON, LINCOLN
FATHER'S NAME: SAMUEL F DIGH
MOTHER'S NAME: WILMER M CALDWELL