

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

B. V. S. Form 8
NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

I. PLACE OF DEATH
 County Lincoln Registration District No. 55-02 Certificate No. 3
 Township Ironton or Village _____ of _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 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.

2. FULL NAME William Ware Dye
 (a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Widowed		21. DATE OF DEATH (month, day, and year) Jan. 26, 1938	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from <u>January 24, 1938</u> to <u>January 26, 1938</u> I last saw him live on <u>January 25, 1938</u> death is said to have occurred on the date stated above, at <u>8 am.</u> m.		
6. DATE OF BIRTH (month, day, and year) Oct. 16, 1877			The principal cause of death and related causes of importance in order of onset were as follows: <u>Lobar Pneumonia (left) Primary</u> Date of onset <u>Jan. 22.</u>		
7. AGE Years 60 Months 3 Days 10 If LESS than 1 day, _____ hrs. or _____ min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		Contributory causes of importance not related to principal cause: _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. VV-VV		10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		Name of operation _____ date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
12. BIRTHPLACE (city or town) (State or country) Cleveland Co.			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
13. NAME Perry Dye			Manner of injury _____ Nature of injury _____		
14. BIRTHPLACE (city or town) (State or country) S.C.			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. P. ...</u> M. D. (Address) <u>Lincolnton, N.C.</u>		
15. MAIDEN NAME Elizabeth Ware			19. UNDERTAKER Warlick Funeral Home (Address) Lincolnton, N.C.		
16. BIRTHPLACE (city or town) (State or country) Cleveland Co.			20. FILED <u>Feb. 9, 1938</u> <u>Wm. H. Fingle</u> (Address) _____ REGISTER		
17. INFORMANT S.C. Dye (Address) Kings Mtn. N.C. R.F.D. # 2					
18. BURIAL, CREMATION, OR REMOVAL Place L. Bethel Date Jan. 27, 1938					

N. B.—WHITE PLAINS, WITH CREASING MARKS, SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

WILLIAM WARE DYE

GENDER: MALE
 RACE: WHITE
 AGE: 60
 BIRTH DATE: 16 OCT 1877
 BIRTH PLACE: CLEVELAND
 DEATH DATE: 26 JAN 1938
 DEATH LOCATION: IRONTON, LINCOLN
 FATHER'S NAME: PERRY DYE
 MOTHER'S NAME: ELIZABETH WARE