

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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

371

CERTIFICATE OF DEATH

1. PLACE OF DEATH: *Cleveland*
 (a) County *Cleveland*
 (b) Township *#6*
 (If in town limits, leave blank)
 (c) City or town *Rural*
 (If outside city or town limits, write RURAL)
 (d) Street, hospital or institution *County Home*
 (e) Length of stay in hospital or institution *15 years*
 (Yrs., mos., or days)
 In this community *Life*
 (Yrs., mos., or days)

Registration Dist. No. *23-05* Certificate No. *2*

2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State *NC* (b) County *Cleveland*
 (c) City or town *Shelby #2*
 (d) Street or R.F.D. *#2*
 (e) Is place of residence in corporate limits? *no*
 (f) If foreign born, how long in U.S.A.? *years.*

3(a) FULL NAME *Willis Elijah Dycus*
 3(b) If veteran, name war _____ 3(c) Social Security No. *220*

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

20. Date of death *1/25* 19*41*, at *6:30 P.M.*

6(b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years.

21. I certify that death occurred on the date above stated; that I attended deceased from *1939* 19 _____ to *Jan 26* 19*41*, and that I last saw him alive on *January 23 1941*.

7. Birth date of deceased *April 13, 1852*
 (month, day and year)

8. AGE: *88* Years | *7* Months | *15* Days | If less than one day _____ hrs. _____ mins.

Immediate cause of death *cardio-renal disease* Duration *unable to say*

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

10. Usual occupation *Farming*

11. Industry or business _____

12. Name *Green Dycus* Physician _____
 (Underline the cause to which death should be charged statistically.)

13. Birthplace *N.C.*

14. Maiden Name *Don't know*

15. Birthplace _____

16(a) Informant's Signature *J. A. Dycus*
 (b) Address *#2, Shelby, N.C.*

17(a) *Burial* (b) Date thereof *1/26/41*
 (Burial, cremation, or removal) (Month, day, year)

18(a) Funeral director *Elizabeth*
 (b) Address *#2, Shelby, N.C.*

19(a) *Feb 5 1941* (b) *Snez B. Black*
 Filed Registrar

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 *J. P. Mitchell* M.D.
 Address *Shelby, N.C.* Date signed *1/31/41*

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:
 Please write the causes of death clearly and legibly.

WILLIS ELIJAH DYCUS

GENDER: MALE
 RACE: WHITE
 AGE: 88
 BIRTH DATE: 13 APR 1852
 BIRTH PLACE: NORTH CAROLINA,
 UNITED STATES
 DEATH DATE: 25 JAN 1941
 DEATH LOCATION: CLEVELAND
 FATHER'S NAME: GREEN DYCUS
 RESIDENCE: SHELBY, CLEVELAND,
 NORTH CAROLINA

PARENTS:
 ABNER GREEN DYCUS
 & SUSANNAH DIGH (DYE)