

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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.

B. V. S. Form 8
MAY 6 1949

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8748

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
 (a) County Rutherford
 (b) Township Colfax
(If in town limits, leave blank)
 (c) City or town Rural
(If outside city or town limits, write RURAL)
 (d) Street, hospital or institution _____
 (e) Length of stay in hospital or institution _____
(Yrs., mos., or days)
 in this community Life
(Yrs., mos., or days)

Registration Dist. No. 8100 Certificate No. D-276

2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State N.C. (b) County Rutherford
 (c) City or town _____
 (d) Street or R.F.D.# I Ellenboro. N.C.
 (e) Is place of residence in corporate limits? NO
 (f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME Zina Mae Dycus
 3(b) If veteran, name war _____ 3(c) Social Security No. _____

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

6(b) Name of husband or wife Cephus O. Dycus
 (c) Age of husband or wife if alive 61 years.

7. Birth date of deceased 3/26/1891
(month, day and year)

8. AGE: 57 Years | 11 Months | 7 Days | If less than one day
hrs. mins.

9. Birthplace Rutherford County
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name William Burns
 13. Birthplace Ellenboro. N.C.
 14. Maiden Name Fannie Hamrick
 15. Birthplace Cleveland County

16(a) Informant's Signature Mr C. O. Dycus
 (b) Address R # I Valdese. N.C.

17(a) Burial (b) Date thereof 3/5/1949
(Burial, cremation, or removal) (Month, day, year)
 (c) Cemetery Bethel
 (d) Location Ellenboro. N.C.

18(a) Funeral Director Valdese Funeral Home
 (b) Address Valdese. N.C.

19(a) 4-B-49 Filed _____ 19 _____ (b) J. R. Ransom M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 3/3/1949 IS _____ at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15-1949 to 3-3-1949 and that I last saw him alive on 3-2-1949

Immediate cause of death
Carcinoma of maxillary bone - primary

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 P. H. Ransom
 Address Ellenboro N.C. Date signed 3-31-49

ZINA MAE DYCUS

GENDER: FEMALE
 RACE: WHITE
 AGE: 58
 BIRTH DATE: 26 MAR 1891
 BIRTH PLACE: RUTHERFORD
 DEATH DATE: 3 APR 1949
 DEATH LOCATION: COLFAX, RUTHERFORD
 SPOUSE'S NAME: CEPHUS O DYCUS
 FATHER'S NAME: WILLIAM BURNS
 MOTHER'S NAME: FANNIE HAMRICK
 RESIDENCE: RUTHERFORD, NORTH CAROLINA