

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

1 PLACE OF DEATH *60* Registration District No. *2-2416* *41* *Scuy* *4*
County Mecklenburg State _____ Registrar No. _____
Township _____ or Village _____ or
City Charlotte No. Presbyterian St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
2 FULL NAME William Graham Cathey
(a) Residence. No. Berryhill Twp St. _____ 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

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced Married (Write the word)
6a If married, widowed, or divorced Husband of (or) Wife of _____
6 Date of Birth (month, day, and year) Dec 18, 1904
7 Age 24 years Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
8 Occupation of deceased (a) Trade, Profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer City of Charlotte

9 Birthplace (city or town) Mecklenburg County
(State or country) N. C.

10 Name of Father C E Cathey
11 Birthplace of Father (city or town) N. C.
(State or country)
12 Maiden Name of Mother Elizabeth Elder
13 Birthplace of Mother (city or town) N. C.
(State or country)

14 Informant C E Cathey
(Address) Charlotte, N. C.

15 Filed 8-29 1929 Daisy K. Walle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) JAN 8, 1929

17

I HEREBY CERTIFY, That I attended deceased from 1-8-29 to 1-8-29
that I last saw alive on 1-8-29
and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Accidental. Rupture liver & spleen caused by telephone pole falling on him
(duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY)

XIII (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death? _____

Did an operation precede death? yes Date of 1-8-29

Was there an autopsy? no

What test confirmed diagnosis? _____
(Signed) [Signature] M. D.

1-11-1929 (Address) Charlotte, N. C.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Steel Creek Date of Burial 1/10/29

20 Undertaker Z A Hovis & Son Address Charlotte, N. C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.