

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43856

JAN 9 1968

REGISTRATION DISTRICT NO. 8700 LOCAL NO.

TYPE OR PRINT IN PERMANENT BLACK INK

NAME OF DECEASED 1. Wade Allen Sutron		SEX 3. Male		COLOR OR RACE 4. White		STATE OF BIRTH 5. N.C.		DATE OF BIRTH 6. 8-13-1916		DATE OF DEATH 7. Dec. 7, 1968		MONTH, DAY, YEAR	
PLACE OF DEATH COUNTY 8a. Swain		CITY OR TOWN 8b. Almond, N.C.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 8c. No		USUAL RESIDENCE (WHERE DECEASED LIVED) IF INSTITUTION, RESIDENCE BEFORE ADMISSION STATE 9a. N.C.		CITY OR TOWN 9b. Bryson City, N.C.		RESIDENCE BEFORE ADMISSION COUNTY 9c. Swain		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
NAME OF HOSPITAL OR INSTITUTION 10. Married		SURVIVING SPOUSE 11. Lucille Dixon		INSIDE CITY LIMITS (SPECIFY YES OR NO) 10a. No		STREET ADDRESS OR R.F.D. No. 10b. Bryson City, N.C.		KIND OF BUSINESS OR INDUSTRY 14c. N.C. Forest Service		INSIDE CITY LIMITS (SPECIFY YES OR NO) 10c. No			
FATHER'S NAME 15. Spencer J. Sutron		MOTHER'S MAIDEN NAME 16. Ella Cooper		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SOCIAL SECURITY NUMBER 11. [REDACTED]		USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Forester		KIND OF BUSINESS OR INDUSTRY 14c. N.C. Forest Service			
INFORMANT'S NAME AND ADDRESS 17. Mrs. Lucille D. Sutton, Bryson City, N.C.		FATHER'S NAME 15. Spencer J. Sutron		MOTHER'S MAIDEN NAME 16. Ella Cooper		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SOCIAL SECURITY NUMBER 11. [REDACTED]		USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Forester		KIND OF BUSINESS OR INDUSTRY 14c. N.C. Forest Service	

PART I. DEATH CAUSED BY:

1. IMMEDIATE CAUSE: Burns 3° generalized 10 min

2. DUE TO OR AS A CONSEQUENCE OF:

3. DUE TO OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL, STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I:

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): Accident

20a. TIME OF INJURY: 7 Dec 68 10:00 PM

20b. PLACE OF INJURY: Fires

20c. NATURE OF INJURY: White Fighting Fire

20d. CITY OR TOWN: Bryson City

20e. COUNTY: Swain

20f. STATE: N.C.

21. SIGNATURE OF CERTIFIER: [Signature]

22. CERTIFICATION - MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: [Signature]

23a. BUREAU, CEMETERY, OTHER (SPECIFY): Burial

23b. DATE: 12-9-68

23c. NAME OF CEMETERY OR CREMATORY: Sutton Cemetery

23d. LOCATION: Bryson City, N.C.

24. FUNERAL HOME: [Signature]

25. SIGNATURE OF REGISTRAR: [Signature]

26. SIGNATURE OF EMBALMER: [Signature]

STATE BOARD OF HEALTH COPY

CAUSE

CERTIFICATE

12-9-68

BURIAL

FORM # REV. 1-68 1-68-1386