

Registration Dist. No. 22-A
Registrar's No. 961

VOL 902 PAGE 502
STATE OF SOUTH CAROLINA
BOARD OF HEALTH

RECORDING FEE
PAID 1.00

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

Birth No. DECEASED NAME (FIRST, MIDDLE, LAST) SEX DATE OF DEATH (MONTH, DAY, YEAR)
1 Ernestine Dew White Female July 16, 1970

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) SPECIFY: White AGE (LAST BIRTHDAY) (YEARS, MONTH, DAYS) UNDER 1 YEAR UNDER 1 DAY (HOURS, MIN) DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4 White 93 19 51 Feb. 15, 1877 7a Greenville

CITY, TOWN, OR LOCATION OF DEATH 7b Greenville

7c Yes 7d 911 E. Washington Street

STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) CITIZEN OF WHAT COUNTRY 7e USA 7f MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 7g Widowed 7h SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8 Virginia 9 SOCIAL SECURITY NUMBER 10 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 11 Housewife 12 KIND OF BUSINESS OR INDUSTRY

12 None 13a RESIDENCE—STATE 13b COUNTY 13c CITY, TOWN, OR LOCATION 13d INSIDE CITY LIMITS (SPECIFY YES OR NO) 13e STREET AND NUMBER
14a S.C. 14b Greenville 14c Greenville 14d Yes 14e 911 E. Washington St.

FATHER—NAME (FIRST, MIDDLE, LAST) MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)
15 Robert Saunders Dew 16 Rebecca Wood Henley

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a Mrs. Harold W. Stone 17b 911 E. Washington St, Greenville, S.C.

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18 IMMEDIATE CAUSE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) Arteriosclerotic cardiovascular disease sev. years

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) Generalized arteriosclerosis "

(c) CVA 10 years

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

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED—SPECIFY DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION STREET OR R.F.D. NO., CITY OR TOWN, STATE

70a 70b 70c 70d

CERTIFICATION—MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE IN MINUTE DAY YEAR DID HE/SHE VIEW INT. BODY AFTER DEATH? DEATH OCCURRED AT THE PLACE, ON THE DATE AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED

71a 7-16-1970 TO 7-16-1970 71b 7-16-1970 71c did not

CERTIFIER—NAME (PRINT OR PRINT) SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

72a Thomas Parker, M.D. 72b Thomas Parker, M.D. 72c 7-20-1970

MAILING ADDRESS—CITY, STATE, ZIP

73a 110 S. Calhoun St. 73b Greenville, S.C.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION

74a Burial 74b Woodlawn Mem. Park Mausoleum, Greenville, S.C.

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

75a July 18, 1970 75b The Mackey Mortuary, Box 55, Greenville, S.C. 29602

FUNERAL DIRECTOR SIGNATURE REGISTRAR SIGNATURE DATE RECEIVED BY LOCAL REG. STRAP

76a Harry C. Presher 76b F.A. McWilliams 76c 7-20-1970

ATTEST: THE OBVERSE IS A TRUE COPY OF THE RECORD FILED WITH THE CITY HEALTH DEPT., GREENVILLE, S. C. — DATE:

Thomas Parker AUG 5 1970
HEALTH COMMISSIONER

Recorded November 12, 1970 At 2:42 P.M. # 11538

Certificate of Death
Filed for record in the office of the R. G. C. I. of Greenville County, S. C. at 2:42 o'clock P. M. Nov. 12, 1970
Erd. returned in C. J. Beck 902 at page 502
R. G. C. I. of Greenville County, S. C.