

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

38687

REGISTRATION DISTRICT NO. 49-80 REGISTRAR'S CERTIFICATE NO.

JAN 10 1964

49
This is a legal record and will be permanently filed. Type or write legibly. Use black ink.
1-0

The Funeral Director, or person acting as such, is responsible for seeing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's Signature: *Joe H. Spautman*
License #: 1884
Embalmer's Signature: *Joe H. Spautman*
License #: 1044

Form 9A Issued
Date: 12-28-63
Burial Permit Issued
Date: 12-28-63
Date Form 8 Rev. 1-62 1-62 100M

1. PLACE OF DEATH a. COUNTY <u>Iredell</u>		b. TOWNSHIP		c. LENGTH OF STAY (in 1a) <u>6 Days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u>		b. COUNTY <u>Iredell</u>		
d. CITY OR TOWN <u>Statesville</u>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN <u>Statesville</u>		Is City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Iredell Memorial Hospital</u>					d. STREET ADDRESS OR R. F. D. NO. <u>Route Six</u>					
3. NAME OF DECEASED (Type or Print) First <u>Bertie</u> Middle <u>Travis</u> Last <u>Stewart</u>			4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>1963</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>5-17-1890</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Iredell County N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Lee Travis</u>			14. MOTHER'S MAIDEN NAME <u>Irene Byars</u>			NAME OF HUSBAND OR WIFE <u>David L. Stewart</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S NAME AND ADDRESS <u>Mr. D. L. Stewart, R# 6 Statesville, NC</u>						
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage from erosion Rt Femoral Artery</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastatic carcinoma Rt Groin</u> DUE TO (c) <u>carcinoma of Vulva</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u> <u>1 1/2 yrs.</u> <u>12 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>1160</u> ✓								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)								
20c. TIME OF INJURY MONTH. DAY. YEAR HOUR		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP		COUNTY		STATE
21. I attended the deceased from _____, 19____, to _____, 19____, and last saw her/him alive on _____, 19____. Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.										
22a. SIGNATURE <u>J. H. Spautman</u>			(Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Statesville N.C.</u>			22c. DATE SIGNED <u>1-4-64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-29-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Bethany Bapt. Ch. Cem.</u>		23d. LOCATION (City, town, or county) <u>Iredell County</u>		(State) <u>N. C.</u>		
24. DATE REC'D BY LOCAL REG. <u>12-28-63</u>		25. REGISTRAR'S SIGNATURE <u>J. H. Spautman, M.D.</u>			26. FUNERAL HOME ADDRESS <u>Bunch Funeral Home, Statesville, N. C.</u>					

North Carolina, Death Certificates, 1909-1976 for Bertie Travis Stewart

Record Index

Name: Bertie Travis Stewart
Gender: Female
Race: White
Age: 73
Birth Date: 17 May 1890
Birth Place: Iredell
Death Date: 27 Dec 1963
Death Location: Statesville, Iredell, North Carolina
Spouse's Name: David L Stewart
Father's Name: Lee Travis
Mother's Name: Irene Byers
Residence: Statesville, Iredell, North Carolina

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=NCdeathCerts&h=1433834>

Source Information: Ancestry.com. *North Carolina, Death Certificates, 1909-1976* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2007.
Original data: North Carolina State Board of Health, Bureau of Vital Statistics. *North Carolina Death Certificates*. Microfilm S.123. Rolls 19-242, 280, 313-682, 1040-1297. North Carolina State Archives, Raleigh, North Carolina.