

JAN 7 - 1975

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

44176

49-00

REGISTRATION DISTRICT NO. 4980 LOCAL NO. 401

TYPE OR PRINT IN PERMANENT BLACK INK

|  |                           |  |                                   |
|--|---------------------------|--|-----------------------------------|
| 1. NAME OF DECEASED<br>FIRST <u>David</u> MIDDLE <u>Little</u> LAST <u>Stewart</u>                     |                           | DATE OF DEATH <u>12-18-74</u>  |                                   |
| 2. SEX <u>Male</u>   | 3. COLOR OR RACE <u>W</u> | 4. STATE OR TERRITORY <u>North Carolina</u>  | 5. DATE OF BIRTH <u>1-24-1888</u> |
| 6. PLACE OF DEATH<br>a. COUNTY <u>Iredell</u> b. CITY OR TOWN <u>Statesville</u>                       |                           | 7. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)<br>a. STATE <u>North Carolina</u> b. COUNTY <u>Iredell</u> |                                   |
| 8. NAME OF HOSPITAL OR INSTITUTION <u>Davis Hospital</u>   |                           | 9. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>   |                                   |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>                                 |                           | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Bertie Stewart</u>   |                                   |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |                           | 13. SOCIAL SECURITY NUMBER   |                                   |
| 14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Merchant</u> |                           | 14b. KIND OF BUSINESS OR INDUSTRY  |                                   |
| 15. FATHER'S NAME <u>David McDonald Stewart</u>  |                           | 16. MOTHER'S MAIDEN NAME <u>Sally Harris</u>   |                                   |

363

DECEASED

1-N

3

PARENTS

17. INFORMANT'S NAME AND ADDRESS  
Bertie Stewart Rt. 3 Statesville, N. C.

STATE BOARD OF HEALTH COPY

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

|  |  |
|--|--|
| 18a. IMMEDIATE CAUSE<br><u>4123' Cardiac Arrest</u>                                    | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18b. DUE TO, OR AS A CONSEQUENCE OF<br><u>Myocardial infarction 2nd</u>                |  |
| 18c. DUE TO, OR AS A CONSEQUENCE OF<br><u>Arteriosclerotic Coronary Artery Disease</u> |  |

CAUSE

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

|   |  |   |  |
|---|--|---|--|
| 19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | 19b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | 19c. AUTOPSY? (YES OR NO)   | 19d. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? |
| 20a. TIME OF INJURY   | 20b. INJURY AT WORK (SPECIFY YES OR NO)  | 20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) | 20d. CITY OR R.F.D. COUNTY STATE                                     |

CERTIFIER

|  |  |   |
|--|--|---|
| 21. CERTIFICATION—PHYSICIAN: ATTENDED THE DECEASED FROM <u>12/11/74</u> TO <u>12/11/74</u> AND LAST SAW HIM/HER ALIVE ON <u>12/11/74</u> AT <u>9:30 PM</u> M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED. | 22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT <u>9:30 PM</u> M. ON <u>12/16/74</u> |   |
| 23a. SIGNATURE OF CERTIFIER<br><u>Robert B. Dillon MD</u>  | 23b. DATE SIGNED<br><u>12/18/74</u>  | 23c. ADDRESS<br><u>Davis Hosp, Statesville NC</u> |

Date

|  |                              |   |   |
|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION, OTHER (SPECIFY)<br><u>Burial</u> | 24b. DATE<br><u>12-18-74</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>New Bethany Ch. Cem.</u> | 24d. LOCATION (CITY, TOWN, OR COUNTY) STATE<br><u>Statesville N. C.</u> |
|--|------------------------------|---|---|

BURIAL

|  |   |   |
|--|---|---|
| 25. FUNERAL HOME<br><u>Bunch Funeral Home Statesville, N. C.</u> | 26. SIGNATURE OF FUNERAL DIRECTOR<br><u>Glenn W. Westmoreland</u> | LICENSE NO.<br><u>414</u>   |
| 27. DATE REC'D BY LOCAL REG.<br><u>12/18/74</u>                  | 28. SIGNATURE OF REGISTRAR<br><u>[Signature]</u>                  | 29. SIGNATURE OF EMBALMER (IF EMBALMED)<br><u>Jack L. Fleming</u> |
|  |   | LICENSE NO.<br><u>1480</u>  |

FORM 8 REV. 1-68 1-68-150A

## North Carolina, Death Certificates, 1909-1976 for David Little Stewart

### Record Index

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**Name:** David Little Stewart  
**Gender:** Male  
**Race:** White  
**Age:** 86  
**Birth Date:** 24 Jan 1888  
**Birth Place:** Iredell  
**Death Date:** 16 Dec 1974  
**Death Location:** Statesville, Iredell, North Carolina  
**Spouse's Name:** Bertie Stewart  
**Father's Name:** David Mcdonald Stewart  
**Mother's Name:** Sally Harris  
**Residence:** Statesville, Iredell, North Carolina

### Source Information

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**Record Url:** <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=NCdeathCerts&h=2069776>

**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.