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

1 PLACE OF DEATH *Iredell* Registration District No. *49-5638*  
County *Iredell* State *NC* Register No. *30*  
Township *Philah* or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mrs Sallie J. Stewart* *363*  
(a) Residence. No. \_\_\_\_\_ 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 *Female* 4 Color or Race *white* 5 Single, Married, Widowed, or Divorced *Widowed*

5a If married, widowed, or divorced Husband of (or) Wife of \_\_\_\_\_

6 Date of birth (month, day, and year) \_\_\_\_\_

7 Age years Months Days If LESS than 1 day, hrs. or min.  
*72* *7* *22*

8 Occupation of deceased

(a) Trade, Profession, or particular kind of work *Home wife*

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9 Birthplace (city or town) *Iredell Co*  
(State or country)

10 Name of Father *Henry Harris*

11 Birthplace of Father (city or town) *Iredell Co*  
(State or country)

12 Maiden Name of Mother *Susan Plott*

13 Birthplace of Mother (city or town) *Iredell Co*  
(State or country)

14 Informant *Mrs S Stewart*  
(Address)

15 File No. *49-5638-363* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 Date of Death (month, day, and year) *Sep 29 1926*

17 I HEREBY CERTIFY, That I attended deceased from *Sep 15*, 1926, to *Sep 29*, 1926 that I last saw *h. a.* alive on *Sep 29*, 1926 and that death occurred, on the date stated above, at *6:30* a.m.

The CAUSE OF DEATH\* was as follows:

*Colonygites* *(JOS)*  
(duration) yrs. mos. *15* ds.

Contributory (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) *E. E. Little* M.D.  
.19 (Address) *Stalinell Rt 6*

\*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 *New Bethany Ch.* Date of Burial *Sep 30 1926*

20 Undertaker *Johnson The Home* Address *Stalinell*

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.

## North Carolina, Death Certificates, 1909-1976 for Mrs Sallie J Stewart

### Record Index

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**Name:** Mrs Sallie J Stewart  
**Gender:** Female  
**Race:** White  
**Age:** 72 Years 7 Months  
**Birth Date:** 1854  
**Birth Place:** Iredell  
**Death Date:** 29 Sep 1926  
**Death Location:** Shiloh, Iredell, North Carolina  
**Father's Name:** Henry Harris  
**Mother's Name:** Susan Plott

### Source Information

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**Record Url:** <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=NCdeathCerts&h=464227>

**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.