

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

01779

REGISTRATION DISTRICT NO. 11.95 LOCAL NO. _____

NAME OF DECEASED Grace Devine McCabe			DATE OF DEATH November 10, 1972		
1. SEX Female	2. COLOR OR RACE White	3. STATE OF BIRTH North Carolina	4. DATE OF BIRTH March 2, 1903	5. AGE ON YEARS LAST BIRTHDAY 69	6. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
PLACE OF DEATH COUNTY Buncombe		CITY OR TOWN Asheville		USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina COUNTY Buncombe	
NAME OF HOSPITAL OR INSTITUTION Memorial Mission Hospital		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		CITY OR TOWN Asheville	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		SURVIVING SPOUSE (IF WIFE GIVE MARRIAGE NAME) 57 Vermont Avenue		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
CITIZEN OF WHAT COUNTRY? USA		SOCIAL SECURITY NUMBER 24209-4458A		KIND OF BUSINESS OR INDUSTRY Retired Secretary	
FATHER'S NAME Hugh P. Devine			MOTHER'S MAIDEN NAME Martha Bobbitt		
INFORMANT'S NAME AND ADDRESS Mrs. Vance O. Ayers, 57 Vermont Avenue, Asheville, N. C. 28806					
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)					
(a) IMMEDIATE CAUSE Leiomyosarcoma					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 year
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
19a. Ovarian carcinoma, operated					AUTOPSY? (YES OR NO) No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH					
19c. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)					
20a. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 19)					
20b. TIME OF INJURY		20c. INJURY AT WORK (SPECIFY YES OR NO)		20d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
20e. CITY OR R.F.D.		20f. COUNTY		20g. STATE	
21. OCCURRED AT _____ M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.					
SIGNATURE OF CERTIFIER James T. Littlejohn, M. D.		DATE SIGNED 11-13-72		ADDRESS Asheville, N. C.	
23a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		23b. DATE 11-12-72		23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	
23d. LOCATION (CITY, TOWN, OR COUNTY) Asheville, N. C.		23e. SIGNATURE OF FUNERAL DIRECTOR Robert J. Hembree		23f. LICENSE NO. 2007	
24a. DATE REC'D BY LOCAL REG. 11-14-72		24b. SIGNATURE OF REGISTRAR H.W. Stevens, M. D.		24c. SIGNATURE OF EMBALMER (IF EMBALMED) Robert J. Hembree	
24d. LICENSE NO. 1136					