

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11110

DEATH: Catawba
 (If in town limits, leave blank)
 Hickory
 (If outside city or town limits, write RURAL)
 Hospital or Institution: Hickory Mem. Hospt
 Stay in hospital or Institution: _____
 (Yrs., mos., or days)
 Locality: _____
 (Yrs., mos., or days)

Registration Dist. No. 18-70 Certificate No. 67
 2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State N. C. (b) County Catawba
 (c) City or town Hickory
 (d) Street or R.F.D. 234-S. Hill St.
 (e) Is place of residence in corporate limits? Yes
 (f) If foreign born, how long in U.S.A.? _____ years.

NAME: Charlie Andrew Frye
 3(c) Social Security No. 2 600
 5. Color or Race W
 6(a) Single, married, widowed, or divorced. M
 Husband or wife: Mary Strait
 Husband or wife if alive: 31 years.
 Date deceased: July 17, 1945
 (month, day and year)

Years	Months	Days	If less than one day
31	10	8	hrs. mins.

 Catawba Co. N. C.
 (City, town, or county) (State or foreign country)
 Profession: Professional Baseball

Business: _____
 Name: Perry Frye
 H. C.
 Name: Etta E. Price
 H. C.
 Signature: Mrs. Gladys Abernethy
 Hickory, N. C.
 Date thereof: 5/27/45
 (Month, day, year)
 Burial: Friendship Luth. Ch.
 Director: Alexander Co.
 Hickory funeral home
 1110-13th St. Hickory, N. C.
 Registrar: B. E. Hambrick

20. Date of death: May 25, 1945, at 3:30 A. M.
 21. I certify that death occurred on the date above stated; that I attended deceased from 5-22-1945 to 5-25-1945 and that I last saw him alive on 5-25-1945.
 Immediate cause of death: Ruptured ulcer (gastric)
 Duration: 3 days
 Due to: _____
 Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)
 Physician: _____
 Underline the cause to which death should be charged statistically.
 Cause of death: Ruptured ulcer (gastric)
 Of autopsy: _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur about home, on farm, in industrial place, in a public place? _____
 (Specify type of place)
 While at work? _____
 (e) Means of injury _____
 Signature: R. T. Hambrick, M.D.
 Address: Hickory, N. C. Date signed: 6-18-45

I certify that this is a true photocopy of the original record filed in the Office of Vital Statistics, North Carolina State Board of Health.

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Date Issued 2-15-72

Jacob Korman
 State Registrar