

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.

PLACE OF DEATH		North Carolina State Board of Health		303	
County <u>Anson</u>		BUREAU OF VITAL STATISTICS			
Township _____		CERTIFICATE OF DEATH		File No. _____	
Town <u>Madison</u>		Registration District No. <u>4-20-19</u>		Registered No. <u>9</u>	
City _____ (No. _____ St.; _____ Ward)		FULL NAME <u>John H. Greylen</u>		If death occurred in a hospital or institution, give its NAME instead of street and number.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>	DATE OF DEATH <u>March 20, 1915</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Dec 18, 1856</u> (Month) (Day) (Year)			I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__		
AGE <u>About 58</u> yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. or ____ min.			that I last saw him alive on <u>March 16, 1915</u>		
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farming</u>			and that death occurred on the date above stated, at <u>8 a.m.</u>		
EDUCATIONAL ATTAINMENTS			The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u>		
BIRTHPLACE			(Duration) <u>4</u> yrs. ____ mos. ____ ds.		
PARENTS			Contributory (Secondary) _____ (Duration) ____ yrs. ____ mos. ____ ds.		
NAME OF FATHER <u>John Greylen</u>			(Signed) <u>E. S. Ashe</u> M. D.		
BIRTHPLACE OF FATHER (State or Country) <u>Rowan Co N.C.</u>			_____, 191__ (Address) <u>Madison N.C.</u>		
MAIDEN NAME OF MOTHER <u>Went Knott</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE OF MOTHER (State or Country)			LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
(Informant) <u>J. Frank Greylen</u>			Where was disease contracted, if not at place of death? _____		
(Address) <u>Madison N.C.</u>			Former or usual residence _____		
Filed <u>March 27, 1915</u> <u>J. W. Hamilton</u> Registrar.			PLACE OF BURIAL OR REMOVAL <u>Anson Co N.C.</u>		DATE OF BURIAL <u>March 21, 1915</u>
			UNDERTAKER <u>J. S. Shepherd</u>		ADDRESS <u>Madison</u>