

File No. 32465
Registered No. 27
(if death occurred in a hospital or institution, give the NAME instead of street and number.)

1 **DEATH OF DEATH**
County Rowan
Vol. No. # 2
Inc. Town Farmers
City (No. St. Ward)

Registration District No. 1311
Primary Registration District No. 2506

2 FULL NAME Aathena Grayson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word) —

6 DATE OF BIRTH Mar 19 1921
(Month) (Day) (Year)

7 AGE 5 yrs. 9 mos. — ds. IF LESS than 1 day..... hrs. or..... min?

8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Beth Co

10 NAME OF FATHER John Grayson

11 BIRTHPLACE OF FATHER (State or country) Rowan Co.

12 MAIDEN NAME OF MOTHER Paul Myers

13 BIRTHPLACE OF MOTHER (State or country) Beth Co.

14 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Grayson
(Address) Farmers

15 Filed Dec 30 1926 Mrs T A E Evans Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1926 to Feb 26 1926, that I last saw her alive on Feb 26 1926, and that death occurred on the date stated above at 2 p.m. The CAUSE OF DEATH* was as follows:

Dysentery
(Duration) — yrs. — mos. 5 ds.

Contributory (Secondary) (Duration) — yrs. — mos. — ds.

(Signed) W. H. Stewart, M. D.
Feb 26 1926 (Address) Farmers

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF ILLNESS (For Hospitals, Institutions, Transients or Recent Residents) at place of death — yrs. — mos. — ds. State — yrs. — mos. — ds. Where was disease contracted,

If not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Jones Graveyard DATE OF BURIAL Dec 28 1926

UNUSUAL ADDRESS None

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain words so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.
 MARRIAGE KEPT FOR RECORDS