

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anson Registration District No. 04-60 Certificate No. 62  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Wadestown No. Anson Sanatorium St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its Name instead of street and number)

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.

2. FULL NAME

Joseph Julian Coley  
 (a) Residence: No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 9-5-1912

7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
21 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. my tile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) Aug 1934 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (city or town) (State or country) Anson Co

13. NAME J. Mack Coley

14. BIRTHPLACE (city or town) (State or country) Fredell Co N.C.

15. MAIDEN NAME Lilla Frylar

16. BIRTHPLACE (city or town) (State or country) Anson Co

17. INFORMANT (Address) J. Mack Coley Wadestown N.C.

18. BURIAL, CREMATION OR REMOVAL Place Hannah Chapel Date 8-27, 1934

19. UNDERTAKER (Address) Dry Funeral Home Wadestown N.C.

20. FILED 9/6, 1934 Wm J. M. Peddler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1934, to 8-25, 1934  
 I last saw him alive on 8-25, 1934 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Fractured skull 8/25/34  
injured in auto  
accident

Contributory causes of importance not related to principal causes:

Name of operation \_\_\_\_\_ date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident Date of injury 8-25, 1934

Where did injury occur? Wadestown N.C.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Auto turned over  
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
 (Signed) Thomas J. Allen, M. D.  
 (Address) Wadestown N.C.