

REG 6 1948

CERTIFICATE OF DEATH

15225

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. The correct age is especially important. Physicians
Please write the cause of death clearly and legibly.

1. PLACE OF BIRTH:

23a County Greene

23b Township Waverlyville
(If in town limits, town name)

23c City or town _____
(If outside city or town limits, write ZIP CODE)

23d Street, hospital or institution _____

23e Length of stay in hospital or institution _____
(Date, year, or hour)

23f In the community _____
(Date, year, or hour)

Register No. 44-92 District No. _____

2. HOME ORIGIN, RESIDENCE OF DECEASED:

24a State N.C. 24b Waverlyville

24c City or town Ashe

24d Street or R.F.D. #1

24e Is place of residence in corporate limits? No

24f Is foreign born, how long in U.S.A.? _____

25a FULL NAME George Washington Deane

25b Sex M 25c Color of hair Blk 25d Single, married, widowed, divorced _____

26 Date of death July 11, 1948 11 A.M.

27 I certify that this person on the date above stated: that I attended _____
and that I had not seen him since _____
July 9, 1948

28 State of husband or wife Lexie Moore Deane

29 Age of husband or wife 71 70

28a Cause (on front) Cancer (on vertebra) 6 yrs

30 Date of funeral March 12, 1977
(month, day and year)

29a Cause (on back) _____

31 Age: 71 3 29 (If less than one day, state hour)

30a Cardio-renal disease

30b cardio hypertensive rigid

32 Education Lexie Co. N.C.

31a Registrar _____

31b Registrar's signature _____

31c Registrar's title _____

33 Occupation Farmer

34 Industry or business _____

35a Name Alvora Deane

35b Residence Lexie Co. N.C.

35c Name Mattie Brummett

35d Residence Lexie Co. N.C.

36a Name John H. Deane

36b Address Rt. 1, Ashe, N.C.

36c Date 7-12-48
(month, day and year)

36d Signature [Signature]

36e Location Ashe, N.C.

36f Printed Name R. B. Wilkinson, Jr.

36g Address Greenville, N.C.

32a If death was due to external cause, fill in the following:

32b Accident, vehicle, or toxic substance _____

32c Date of occurrence _____

32d Where did injury occur? _____

32e Did injury occur about home, on farm, or industrial plant, or in public place? _____

32f Nature of injury _____

32g Cause of injury _____

32h Name of injury _____

32i Signature J. W. Canwell

32j Date 7-6-1948

32k Address Ashe

R.M.