

Ordinary of Gilmer Co. will be the ordinary of the county.

Ordinary's Certificate

STATE OF GEORGIA,

Murray

COUNTY

J. M. Campbell

Ordinary of said County, certify that I know

the applicant *J. M. Campbell* for pension is the person he represents himself to be, and resides in said county. That I also know *the above named* the witness swearing to the service; that *the above named* of said county and were duly sworn by me before signing the foregoing affidavit and *the above named* truthful and trustworthy and *the above named* statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *13th* day of *October* 1919.
J. M. Campbell Ordinary
of *Gilmer* County
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Anderson, H. M.
Gilmer Co.
No. *017 4021420*

Confederate
Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County *Gilmer*

Name *H. M. Anderson*

Company *Capt Crawford's*

Regiment *Repton's Bat-*

Approved *G. M. Milledge*

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J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-25-1919

Ordinary of Murray in this Certificate for the witness

Ordinary's Certificate

STATE OF GEORGIA,

Murray COUNTY.

I, J. M. Campbell, Ordinary of said County, certify that I know the applicant, for pension in the person he represents himself to be and resides in said county. That I also know M. L. Moreland the witness swearing to the service; that he is a resident of said county and were duly sworn by me before signing the foregoing affidavit and he is truthful and trustworthy and his statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 13th day of October, 1919.
J. M. Campbell Ordinary
 of Murray County.
 (SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness reside and must be certified by such Ordinary.

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Gilman COUNTY.

H. M. Anderson of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office)
H. M. Anderson, Ellijay, Gilman County.
2. How long and since when have you been a continuous resident citizen of this State?
71 years and since June 10, 1848.
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
Yes.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Oct 1861, Ellijay Ga. Capt Crawford's Company, Ketchum's 2nd Infantry, 1st Regt.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
7 months - May 12th 1865.
6. When and where was your Company and Regiment surrendered or discharged from the Service?
May 1865 - Kingston Ga.
7. Were you actually present with your command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were
a. Where was your command when you left it? ---
b. When did you leave the command? ---
c. For what cause did you leave? ---
d. By whose authority did you leave? ---
e. For how long was your leave granted? In what way? ---
f. Why did you not return to your command after leave expired? ---
g. In what way were you prevented? ---
h. What effort did you make to return? ---
i. Were you captured during the war? No
j. If so, when, and where? In what prison were you held and when were you released? ---
9. Are you drawing a pension of any amount from this State or the United States?
No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No. See Supplemental affidavit attached marked "Exhibit A."

Sworn to and subscribed before me, this the 11th day of October, 1919.
J. C. Allen Ordinary
 of Gilman County.
 (SEAL)

Confederate Soldier's Application

Under Act 1910 - As Amended by Act of 1919

County Gilman

Name H. M. Anderson

Company Capt Crawford's

Regiment Ketchum's 2nd

Approved G. M. Ketchum

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 6901901
 J. W. LINDSEY,
 Commissioner of Pensions,
 Dept Printing Co. State Printing House.

10-25-1919

Ordinary's Certificate

STATE OF GEORGIA,

Gilmer COUNTY.

I, J. C. Allen Ordinary of said County, certify that I know the applicant H. M. Anderson for pension is the person he represents himself to be and resides in said county. That I also know J. P. Hill the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 24th day of October 1919.

J. C. Allen Ordinary
of Gilmer County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

No.

Confederate
Soldier's Application
Under Act 1910 As Amended by Act of 1919.

County _____
Name _____
Company _____
Regiment _____
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.
Byrd Printing Co., State Printers, Atlanta.

Questions for Witness as to Service

STATE OF GEORGIA,

Murray COUNTY.

Mrs. J. L. Macrelan of said State and County is hereby presented as a witness in support of the application of H. M. Anderson for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? M. L. Macrelan
Murray County
2. How long and since when have you known H. M. Anderson the applicant?
For 70 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? in Wilkes Co. a citizen
all his life
4. When, where and in what Company and Regiment did H. M. Anderson enlist during war from 1861 to 1865? (Give date and place.)
in Cape Crawford Va. in the Fall of 1864
5. How did you obtain your information of this Service?
I was at home with him when he came to my
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date.) from early fall till May 1865
7. When and where was his command surrendered or discharged (give date and place.)
at Petersburg Va May 1865
8. Were you personally present at the surrender? no
9. If not, where were you and how came you there? I was at home
10. Was the applicant personally present with his command at surrender? I think so
11. If not where was he and how came him there?
12. When did he leave his command? _____ Where was his command when he left it? _____ For what cause did he leave? _____ By whose authority did he leave? _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically.

13. In what way was he prevented from returning to his command? _____ How do you know? _____
14. What effort did he make to return to his command and how do you know? _____
15. Was applicant captured as a prisoner? no If so, when and where? _____ In what prison was he held? _____ and when released _____

Sworn to and subscribed before me, this the

13 day of Oct 1919

J. W. Lindsey Ordinary
of Murray County.

(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

Gilmer COUNTY. }

J. P. Hill of said State and County is hereby presented as a witness in support of the application of H. M. Anderson for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? J. P. Hill - Ellijay, Route #2, Gilmer County.
2. How long and since when have you known H. M. Anderson the applicant? Continuously since before the Civil war.
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Ellijay Ga. - and since before the Civil war - have known him personally all the while.
4. When, where and in what Company and Regiment did H. M. Anderson enlist during war from 1861 to 1865? (Give date and place) Capt. Crawford's Co. 2d Regt. Ala. Inf. taken I found him in that Company, July 1861.
5. How did you obtain your information of this service? I found him in that Company, July 1861. I found him in that Company, July 1861. I found him in that Company, July 1861.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) 3 months from early in July to second week in May 1865.
7. When and where was his command surrendered or discharged (give date and place) Second week in May 1865, at Kingston Ga.
8. Were you personally present at the surrender? Yes
9. If not, where were you and how came you there? —
10. Was the applicant personally present with his command at surrender? I am not
11. If not, where was he and how came him there? I think he surrendered at Kingston Ga. at about May 1865. I think he surrendered at Kingston Ga. at about May 1865.
12. When did he leave his command? He did not think he left it. Where was his command when he left it? — For what cause did he leave? — By whose authority did he leave? — and how long was he granted leave? — How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. Touching the service for three months to end of war I personally know that applicant was with his Company.
13. In what way was he prevented from returning to his command? — How do you know? —
14. What effort did he make to return to his command and how do you know? I found him in the service as stated, and he continued to end of the war.
15. Was applicant captured as a prisoner? No If so, when and where? — In what prison was he held? — and when released? —

Sworn to and subscribed before me this the 23rd day of October, 1919
J. C. Allen Ordinary
Gilmer County.
 (SEAL)

Jas. P. Hill X

"Exhibit A."

Georgia, Gilmer County;

And now comes H.M. Anderson, the applicant for pension named in the attached application, and by way of supplement thereto, on oath says, that he enlisted in the organized militia of this State as a private in Capt. Crawford's Company of Col. Ralston Battalion of Georgia State troops-Infantry-at Ellijay Ga. in Oct. 1864 being then sixteen years of age, and remained in actual military service with said company for seven months and till May 12th, 1865, when he surrendered with said Company and Battalion and was paroled on May 12, 1865, at Kingston Ga. This surrender and paroling lasted about a week, and the members of a particular command were not all surrendered on the same day, that is, they were not all paroled on the same day. While at Kingston, I met up with some of my old friends who were members of the First Georgia State Troops, who suggested that I surrender and be paroled with them, and thinking that it made no difference, I did so, and was so paroled, which original parole is hereto attached. The reason I did not sooner apply for pension was because I had misplaced my parole and those who were personally present at the time I was paroled were either dead or their whereabouts were unknown to me. I only recently found my parole.

H. M. Anderson

Sworn to and subscribed before me,
this 11th, day of October 1919.

J. C. Allen Ordinary
Gilmer County.

Anderson, Sarah
24
Gilmer Co.
WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right
When Husband Was on the Pension
Roll of Georgia

County Gilmer
Name Sarah L. Anderson
Widow of Wm. Anderson
Company Capt. Crawford
Regiment Ralstons, Bat.
Date of Husband's Death June 30, 1925
Date of Marriage Dec 23, 1875
Approved John W. Clark

AUG 6 1925

John W. Clark
C. E. McNEEL
Commissioner of Pensions.

8-6-25 E

Ordinary's Certificate

STATE OF GEORGIA,

GILMER

COUNTY.

I, R. G. Goble, Ordinary of said County, certify that I know
Mrs. Sarah L. Anderson, the applicant for pension: that he is the person he repre-
sent sent himself to be, and that he has been, continuously, a bona fide resident citizen of said State since
January 1st, 1920; that I also know Wm. C. Seay and Anna Taylor, the witness as to
marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits,
and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal at office this 23rd day of July, 1925.

(SEAL OF ORDINARY.)

of Gilmer County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you
give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are sufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January 1st, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general
opinion.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's
service—because Disabled Pensioners made no proof of service and were not required to do so.

Director, Veterans Service Office

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

GILMER COUNTY.

Personally before me comes Sarah L. Anderson, of said County, who, after having been duly sworn, says that she is the widow of H.M. Anderson, to whom, in the County of Gilmer State of Georgia she was married on the 23rd day of December 1875, and that she remained his wife, and resided with him to the date of his death in June 20 1925 and that she has not since his death remarried; at the time of his death he was a resident of Gilmer County, in said State of Georgia, and he was on the Service Pension Roll of the State and paid a pension of \$100.00 in Gilmer County for 1925 (per annum), on account of being a soldier in Company Regiment Ralston's Bat (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Georgia, and she has, continuously, resided there since 3th day of December 1932.

Sworn to and subscribed before me, this the 22nd day of July, 1925.

R. J. Goble, Ordinary
of Gilmer County

Sarah L. Anderson
Applicant.

(SEAL OF ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

Gilmer COUNTY.

Personally before me comes Mrs. M.C. Searsey, known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Sarah L. Anderson, who made the foregoing affidavit, is the lawful widow of H.M. Anderson, who died in Gilmer County in said State of Georgia on the 20th day of June, 1925, and that she has not since married; that she became the wife of H.M. Anderson on the 23rd day of December, 1875; that she and he had resided together as husband and wife, continuously, since 23rd day of December 1875, and that H.M. Anderson was the same man who was on the pension roll of said State of Georgia from Gilmer County Georgia when he died.

Sworn to and subscribed before me, this the 27th day of July, 1925.

R. J. Goble, Ordinary
of Gilmer County

(SEAL OF ORDINARY.)

Mrs. M.C. Searsey

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, Gilmer County:

Before me, the Ordinary of said County, comes W.C. Chastain

, of said County, who, after being duly sworn, on oath says that he knew Sarah L. Anderson late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 15 day of November, 1935.

W.C. Chastain, Ordinary.

W.C. Chastain

CERTIFICATE OF THE ORDINARY

GEORGIA, Gilmer County:

I certify that W.C. Chastain who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Sarah L. Anderson the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 15 day of November, 1935.

(Seal of Ordinary)

W.C. Chastain, Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of , who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Ellijay, Georgia,
September 3, 1936

Received of Willard C. Holden, Ordinary, Gilmer County, seventy (\$70.00)
dollars in full payment for funeral expenses for Mrs. Sarah Anderson,
deceased.

B. C. Logan & Sons,
Funeral Directors.

By: *B. C. Logan*

Ellijay, Georgia,
September 3, 1936.

Received of Willard C. Holden, Ordinary, Gilmer County, thirty (\$30.00)
dollars in full payment for professional services to Mrs. Sarah Anderson,
deceased, during her last illness.

W. B. Chastain, M.D.
Dr. W. B. Chastain.

Affidavit of Witness to Prove Marriage and Date of Death of Husband.
STATE OF GEORGIA,

GILMER COUNTY.

Personally before me comes Mrs. Anna Tabor, known to be a
responsible and truthful person, residing in said County, who after having been duly sworn, says that
of deponent's own personal knowledge, Mrs. Sarah L. Anderson, who made the foregoing
affidavit, is the lawful widow of H. M. Anderson, who died in Gilmer
County in said State of Georgia, on the 10th day of June, 1925, and
that she has not since married; that she became the wife of H. M. Anderson, on
the 23rd day of December, 1875; that she and he had resided together as husband
and wife, continuously, since 23rd day of December 1875, and that H. M. Anderson,
was the same man who was on the pension roll of said State of Georgia from Gilmer
County Georgia when he died.

Sworn to and subscribed before me, this the
29th day of July, 1935
R. J. Goble Ordinary
of Gilmer County

(SEAL OF ORDINARY.)

Mrs. Anna Tabor

STATEMENT

ELLIJAY, GA. *Nov. 14,* 1935*Mrs. Sarah Anderson deceased**Ellijay, Ga.*

In Account With

DR. W. C. CHASTAIN

PHYSICIAN AND SURGEON

1935

Oct. 28	No visit	1	50
"	"	1	50
Oct. 29	"	1	50
"	"	1	50
"	"	1	50
"	30	1	50
"	"	1	50
"	31	1	50
"	"	1	50
Nov. 1	"	1	50
"	"	1	50
"	"	1	50
"	2	1	50
"	"	1	50
"	"	1	50
"	3	1	50
"	"	1	50
"	4	1	50
"	"	1	50
"	5	1	50
Total		30	00

W.C. Chastain, m.d.

Sworn to and subscribed to before me this 15, 1935

William C. Hadden, Ord.

ELLIJAY, GA. November 16 1935

Mr. J.W. Anderson (Burial expenses of Mrs. Sarah L. Anderson, deceased)

In Account With

B. C. LOGAN & SONS

GENERAL MERCHANDISE
UNDERTAKING SUPPLIESNov. 5,
1935.

1	Casket,	50	00
1	Robe,	12	50
1	pr Shoes,	2	50
	Digging grave	5	00
		\$70 00	

B. C. LOGAN & SONS,

*B. C. Logan owner**Sworn to and subscribed to before me this 16 day of Nov. 1935*
William C. Hadden, Ord.

STATEMENT

ELLIJAY, GA. *Nov. 14,* 1935*Mrs. Sarah Anderson deceased**Ellijay, Ga.*

In Account With

DR. W. C. CHASTAIN

PHYSICIAN AND SURGEON

1935

Oct. 28	No visit	1	50
" "	" "	1	50
Oct. 29	" "	1	50
" "	" "	1	50
" "	" "	1	50
" 30	" "	1	50
" "	" "	1	50
" 31	" "	1	50
" "	" "	1	50
Nov. 1	" "	1	50
" "	" "	1	50
" "	" "	1	50
" 2	" "	1	50
" "	" "	1	50
" "	" "	1	50
" 3	" "	1	50
" "	" "	1	50
" 4	" "	1	50
" "	" "	1	50
" 5	" "	1	50
Total		30	00

W.C. Chastain, m.d.

Sworn to and subscribed to before me this 15, 1935

William C. Hadden, Ord.

ELLIJAY, GA. November 16 1935

Mr. J.W. Anderson (Burial expenses of Mrs. Sarah L. Anderson, deceased)

In Account With

B. C. LOGAN & SONS

GENERAL MERCHANDISE
UNDERTAKING SUPPLIESNov. 5,
1935.

1	Casket,	50	00
1	Robe,	12	50
1	pr Shoes,	2	50
	Digging grave	5	00

\$70 00

B. C. LOGAN & SONS,

*B. C. Logan owner**Sworn to and subscribed to before me this 16 day of Nov. 1935 William C. Hadden, Ord.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? Where was disease contracted if not at place of death?



CERTIFICATE OF DEATH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Statistics

Registered No. 28

1. PLACE OF DEATH

County Gabriel Militia District (Number and Name) 830 Ellijay State of Georgia
 City or Town Ellijay Length of residence in this city or town: Yrs. Mos. Da. NON-RESIDENT (Yes or No)
 Street and Number (No.) (Street) Ward

2. FULL NAME

Sarah Jane Anderson
 Residence (City or Town) (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year) July 22-1894

7. AGE Years 31 Months 8 Days 13 If less than one day Hours Minutes

8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. Home
 (c) Date deceased last worked at this occupation (month and year) (d) Total years spent in this occupation

9. BIRTHPLACE (P. O. Address) Mountain View Ga

10. NAME J. P. Cole

11. BIRTHPLACE (P. O. Address) W. C.

12. MAIDEN NAME Sarah Jones

13. BIRTHPLACE (P. O. Address) W. C.

14. INFORMANT (Signed) Sarah Anderson
 (Address) Ellijay Ga

15. BURIAL PLACE (Cemetery) Ellijay Ga
 (Pastor/Min.) Ellijay Ga Date 11/6-1935

16. UNDERTAKER (Signed) W. L. Lagan & Son
 (Address) Ellijay Ga

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 6 1935 at 1-40 P M
 (Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from Oct 28 1935 to Nov 5 1935

I last saw him alive on Nov 5 death is said to have occurred on the date and hour stated above. The principal cause of death and related causes of importance in the order of onset and duration of each: Pneumonia

Other contributory causes of importance:

What test confirmed diagnosis? Clinical
 (Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide?

Where did injury occur (Specify city or town, if outside of limits, the county, and also the place)

Did injury occur in a home, public place or industry?

Manner of injury

Nature of injury (Signed) W. C. Chapman M.D.

(Address) Ellijay Ga

18. FILED Nov 8 1935

(Signed) W. L. Lagan
 (County Registrar)