

GEORGIA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH

Date Filed No.

6-14

1. Death
a. Early
b. Causes 153
(If Outside City or Town Limits, Add Rural)
c. Hosp.
d. Hosp. or
e. Death
f. In This
Community

2. Usual Residence of Deceased
(a) State
(b) County
(c) City or
Town
(If Outside City or Town Limits, Add Rural)
(d) Length of Stay
Before Death
In This
County
3. Veteran Name War
Social Security Number

PERSONAL AND STATISTICAL PARTICULARS

4. Race
5. Marital
Status (circle)
6. M.
W. D.
7. Died or Widowed
Name of Spouse
8. Years
Months
Days
Hrs.
Min.
9. Citizenship of
What Country?
10. Occupation
11. Residence
12. Place
13. Address
14. P. O. Address
15. Address of
Burial
16. Name of Person
Buried
17. Address of
Vital Director
18. Signature

MEDICAL CERTIFICATION

19. Date of
Death
20. I hereby certify that I attended the deceased who died on the above date, I last saw
21. Primary Cause of Death
(Please Underline the Cause to Which This Death Should Be Charged)
22. Contributory
Causes
(Including Any Pregnancy Within Three Months of Death)
23. If death was due to external violence please answer the following questions:
(a) Accident, Suicide,
Homicide (Specify)
(b) Date of
Occurrence
(c) Place of
Accident
(City) (County) (State)
(d) Where: Home, Farm,
Industry, Public Place
(e) Means of
Injury
Physician's or Coroner's
Own Signature
Physician's or Coroner's
P. O. Address
Date Signed

(Check Certificate Carefully Before Signing)

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the authority of Chapter 31-10, Vital Records Code of Georgia.

Michael R. Lavoie County Custodian
State Vital Records Registrar
and Custodian, Director,
Vital Records Service.
Issued by
Date

SEAL

OTHER COPIES REPRODUCED FROM THIS CERTIFICATE
ARE INVALID