

LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

04472
4472

12

COUNTY OF Mitchell

L. DIST. No. _____

WH OR Camilla No. _____

ST. REG. DIST. No. 1172

REGISTERED No. 3

IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.

FULL NAME Mrs O.E. Richards

RESIDENCE, CITY Camilla Ga

NO. _____ (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)
MOS. DYS. _____ (HOW LONG IN U. S., IF FOREIGN BIRTH) YRS. MOS. DYS.

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. _____

MEDICAL PARTICULARS

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE White SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD) Married

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

DATE OF BIRTH (MO.) Sept DAY 20 YEAR 1891

AGE 36 YRS. _____ MOS. _____ DYS. _____

LESS THAN 2 YEARS _____ IF LESS THAN 1 DAY _____

DATE IF BREAST FED YES _____ NO _____

OCCUPATION (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Housewife

(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) _____

BIRTHPLACE (STATE OR COUNTRY) Mitchell Co Ga

10 NAME OF FATHER J.C. Smith Jr

11 BIRTHPLACE (STATE OR COUNTRY) Bibb Co Ga

12 MAIDEN NAME OF MOTHER Matthie James

13 BIRTHPLACE (STATE OR COUNTRY) Stewart Co Ga

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

INFORMANT J.C. Smith Jr

ADDRESS Camilla Ga

16 DATE OF DEATH Jan 10 1926

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec 10 1925 TO Jan 10 1926

THAT I LAST SAW HE ALIVE ON Dec 11 1925 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT HB

THE CAUSE OF DEATH WAS Cerebral Embolism

(DURATION) _____ YRS. _____ MOS. 8 DYS. _____

CONTRIBUTORY (SECONDARY) Simple cardiac

(DURATION) _____ YRS. _____ MOS. _____ DYS. _____

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? _____

NOBIST _____

(SIGNED) J.L. Brown DATE Jan 12 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL New Cemetery Ga

20 UNDERLYING _____ ADDRESS _____

Abraham Camilla Ga

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH 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. Jarvis

STATE REGISTRAR & CUSTODIAN
DIRECTOR, VITAL RECORDS SERVICE

DATE

AUG 22 1997

(VOID WITHOUT IMPRESSED SEAL OR IF ALTERED OR COPIED)