

1 PLACE OF DEATH

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

S. O. V. S.
12
MONTH

COUNTY OF Franklin

MIL. DIST. No. 264

TOWN OR CITY Carnesville R.F.D.

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

ST. REG. DIST. No. 264

REGISTERED No. 24

2 FULL NAME Rev. Aaron Terrell

RESIDENCE, CITY Carnesville ga. R.F.D.

18 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED

NO. _____ ST. _____

(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 MARRIED

WIDOWED

DIVORCED

(WRITE THE WORD)

male white

married

3A IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

6 DATE OF BIRTH, (MO.)

DAY

YEAR

Jan 15 1856

7 AGE

72

7

MOS.

16

IF LESS THAN 2 YEARS

IF LESS

THAN 1 DAY

MOS.

19 DATE OF DEATH

Aug. 31

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

July 30

1928

TO Aug. 31

1928

THAT I LAST SAW HIM ALIVE ON Aug. 31

1928

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 10 P.M.

THE CAUSE OF DEATH WAS

Pellagra

STATE IF BREAST FED

YES

NO

IF LESS

THAN 1 DAY

MOS.

8 OCCUPATION

(A) TRADE, PROFESSION OR

PARTICULAR KIND OF WORK

(B) GENERAL NATURE OF INDUSTRY,

BUSINESS OR ESTABLISHMENT IN

WHICH EMPLOYED (OR EMPLOYER)

9 BIRTHPLACE

(STATE OR COUNTRY)

Habersham co. Ga.

10 NAME OF

FATHER

B. D. Terrell

11 BIRTHPLACE

OF FATHER

(STATE OR COUNTRY)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(STATE OR COUNTRY)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) B. D. Terrell

(ADDRESS) Carnesville Ga

15

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

CONTRIBUTORY

(SECONDARY)

(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 DIAG.

NOSIST

(SIGNED) G. M. Parker

M. D.

9-12 1928 (ADDRESS) Carnesville Ga.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Cross Roads

9-1

1928

20 UNDERTAKER

ADDRESS

B. D. Ginn

Carnesville

FILED 9-12 1928 H. F. Runnsey

L. N.

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