GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE No. For State Registrar Only.

S. C. V. S. Form 11

1 Place of Death County of Franklin

Militia District of Red Hill Registration District No. 212 Registered No. 9

City of (No. St.)

2 FULL NAME Albert Ray Cruselton

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Residence No (Usual place of abode) St.

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (No. da. yr.)

7 AGE 1 yrs. mos. ds.

If less than 2 years state if breast fed: Yes No

If less than 1 day

8 OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Ala

PARENTS

10 NAME OF FATHER: James L. Cruselton

11 BIRTHPLACE OF FATHER (State or country): Barton Ga

12 MAIDEN NAME OF MOTHER: Clara Lovell

13 BIRTHPLACE OF MOTHER (State or country): Barton Ga

14 THE ABOVE IS TRUE (Informant): J. L. Cruselton

(Address): Eastanollee Ga. RF

15 Filed July 9 1928 J H Whitwood Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH June 26 1928

17 I HEREBY CERTIFY, That I attended deceased from that I last saw h[illegible] alive on June 26 1928 and that death occurred, on the date stated above, at 9:30 P. m. The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis?

(Signed) J R. Brown M. D.

19 (Address) Lavonia Ga.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Broad River Cem. DATE: 7-27 1928

20 UNDERTAKER: Bond Crawford Lipscomb ADDRESS: Hoschton Ga.