

FOR ADDITIONAL SPACE, ATTACH SEPARATE SHEET.

PLACE OF DEATH		LOCAL REGISTRAR'S RECORD OF DEATH		S. O. V. R. FORM 12	
COUNTY OF <u>Franklin</u>		GEORGIA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS					
MIL. DIST. No. <u>Bryant</u>		ST. REG. DIST. No. <u>206</u>		REGISTERED No. _____	
TOWN OR CITY No. _____		IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.			
2 FULL NAME <u>Lark Alexarchus</u>					
RESIDENCE, CITY _____		NO. _____		ST. _____	
18 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. _____ MOS. _____		IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS			
3 SEX <u>Female</u>	4 COLOR OR RACE <u>Black</u>	5 SINGLE <u>Widowed</u>	16 DATE OF DEATH <u>Oct 19</u>	192 <u>8</u>	
6A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		5 MARRIED _____	17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>9-27</u> 192 <u>8</u> TO <u>10-19</u> 192 <u>8</u>		
8 DATE OF BIRTH, (MO.) _____ DAY _____ YEAR _____		5 DIVORCED (WRITE THE WORD) _____	THAT I LAST SAW HIM ALIVE ON <u>10-9</u> 192 <u>8</u> AND		
7 AGE <u>74</u> YES _____ NOS. _____			THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT _____		
IF LESS THAN 2 YEARS STATE IF BREAST FED. YES _____ NO _____			THE CAUSE OF DEATH WAS <u>Cancer of Hemorrhoids</u>		
8 OCCUPATION (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK, <u>None</u>			(DURATION) _____ YRS. _____ MOS. _____		
(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) _____			CONTRIBUTORY (SECONDARY) _____		
9 BIRTHPLACE (STATE OR COUNTRY) <u>Ga</u>			(DURATION) _____ YRS. _____ MOS. _____		
10 NAME OF FATHER <u>Wade Know</u>			WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? _____		
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) <u>Ga</u>			DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____		
12 MAIDEN NAME OF MOTHER <u>Caroline Know</u>			WAS THERE AN AUTOPSY? _____ WHAT TEST CONFIRMED DIAGNOSIS? _____		
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) <u>Ga</u>			(SIGNED) <u>E. T. Poole</u> M.D. 10-20 1928 (ADDRESS) <u>Loraine</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE <u>New Hope</u> 10-21 1928		
(INFORMANT) <u>Lena Brown</u>			20 UNDERTAKER ADDRESS <u>Edwards Williams Mortuary</u>		
(ADDRESS) <u>Lowell Penn</u>					
FILED <u>11-10 1928</u> <u>J. W. Weldon</u> L. R.					

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