GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE NO.
FOR STATE REGISTRAR

80V8 [illegible] 11

1 PLACE OF DEATH
COUNTY Gwinnett
MILITIA DISTRICT Bryans
TOWN OR CITY ___ No. ___ ST. REG. DIST. NO 206 REGISTERED NO ___
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2 FULL NAME Annie Laurie Gillespie
RESIDENCE, CITY Lawrenceville No. ___ ST. ___
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
How long in U. S., if of foreign birth? yrs. mos. dys.
3 Length of residence in city or town where death occurred yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Female
5 COLOR OR RACE: White
6 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word): Single
7a IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF
8 DATE OF BIRTH, (MO. DY. YR.)
9 AGE: ___ yrs. 4 mos. 3 dys.
IF LESS THAN 2 YEARS state if breast fed Yes ___ No ___ | IF LESS than 1 day ___ hrs. ___ mins.
10 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: None
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) ___
11 BIRTHPLACE (STATE OR COUNTRY): Ga
PARENTS
10 NAME OF FATHER: Buster Gillespie
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): Ga
12 MAIDEN NAME OF MOTHER: Ida Burdett
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ga
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(INFORMANT) Buster Gillespie
(ADDRESS) Lawrenceville Ga
15 [illegible]
FILED [illegible] REGISTRAR

MEDICAL PARTICULARS

16 DATE OF DEATH: Dec 27 1927
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec 26 1927 TO Dec 27 1927
THAT I LAST SAW HE ALIVE ON Dec 27 1927
AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE,
AT 4 P M. THE CAUSE OF DEATH WAS AS FOLLOWS:
Died of convulsions from Rheumatism of heart organ endocarditis
(DURATION) ___ YRS. ___ MOS. 2 Days
CONTRIBUTORY (SECONDARY) ___
(DURATION) ___ YRS. ___ MOS. ___ DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? ___
DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY? ___ WHAT TEST CONFIRMED DIAG. ___
NOSIST ___
(SIGNED) J M Brown M. D.
12-29 1927 (ADDRESS) Lawrenceville
18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Elmwood Grove | DATE 12-28 1927
20 Wheeler & Thomas Lawrenceville Ga
UNDERTAKER ADDRESS

Medical Particulars must be signed by Physician, Coroner or Registrar. (See reverse side for Additional Space.)