

1 PLACE OF DEATH

COUNTY OF Franklin

LOCAL REGISTRAR'S RECORD OF DEATH

GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

P. O. V. S.
12MIL. DIST. NO. CarnesvilleTOWN OR CITY Carnesville GaST. REG. DIST. NO. 264REGISTERED NO. 9

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

2 FULL NAME Alvin P. VaughnRESIDENCE, CITY Carnesville Ga

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)

DYS. HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

DIVORCED (WRITE THE WORD)

16 DATE OF DEATH

malewhitemarriedFeb 28

1928

8A IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

Jan. 10 1928 TO Feb 28 1928

1928

THAT I LAST SAW HIM/ALIVE ON Feb 27 1928 AND

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT

THE CAUSE OF DEATH WAS

Pellagra

6 DATE OF BIRTH, (MO.)

DAY

YEAR

7 AGE

YRS.

MOS.

DYS.

IF LESS THAN 2 YEARS

IF LESS

STATE IF BREAST FED YES

NO

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)

Franklin Co Ga.

10 NAME OF FATHER

Wilborn Vaughn

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)

C. F. Whitlow

(ADDRESS)

Carnesville Ga.

(SIGNED)

B. T. Smith M. D.

M. D.

2-29 1928

(ADDRESS)

Carnesville Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

New Franklin2-29 1928

20 UNDERTAKER

ADDRESS

B. D. GinnCarnesville GaFILED 3-10 1928H. F. Runney

L. R.

B. D. GinnCarnesville Ga

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