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

FORM B. O. V. S. 12

1 PLACE OF DEATH
COUNTY OF Franklin
MIL. DIST. No 210th
TOWN OR CITY ___ No ___ ST. REG. DIST. No 210 REGISTERED No 9
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)
2 FULL NAME Robert L Wizard
RESIDENCE, CITY Ashland Ga R2 NO ___ ST ___
(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)
HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. ___ MOS. ___ DYS. ___
18 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. ___ MOS. ___ DYS. ___

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE / MARRIED / WIDOWED / DIVORCED (WRITE THE WORD): Married
5a IF MARRIED, WIDOWED OR DIVORCED: HUSBAND OF (OR) WIFE OF: Ruby Mize
6 DATE OF BIRTH, (NO.): 10 DAY: 11 YEAR: 1875
7 AGE: 51 YRS. 10 MOS. 24 DYS.
IF LESS THAN 2 YEARS: STATE IF BREAST FED YES ___ NO ___ IF LESS THAN 1 DAY ___ HRS. ___ MINS. ___
8 OCCUPATION
(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: Farmer
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) ___
9 BIRTHPLACE (STATE OR COUNTRY): Franklin Co Ga

PARENTS
10 NAME OF FATHER: James L Wizard
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): S. C.
12 MAIDEN NAME OF MOTHER: Lettie M Ingram
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Hart Co Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) Carl Mize
(ADDRESS) Ashland Ga R2
15

FILED Sept 10 1927 [illegible]

MEDICAL PARTICULARS

16 DATE OF DEATH: Sept 5 1927
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 20 1927 TO Sept 7 1927
THAT I LAST SAW H[illegible] ALIVE ON Sept 4 1927 AND
THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT [illegible] M
THE CAUSE OF DEATH WAS
Pellagra
(DURATION) ___ YRS. 3 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 TESTS CONFIRMED DIAG. NOSIS? ___
(SIGNED) Leo C Bostwick M. D.
9 6 1927 (ADDRESS) Maysville Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Bold Springs Cemetery DATE 9/12/27
20 UNDERTAKER: Little Ward Fair ADDRESS Commerce Ga