Ayers

GEORGIA STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

File No.—For State Registrar 11

1 PLACE OF DEATH.
County of Franklin
Militia District of Strange
or Inc. Town of
or City of

Registration District No. 512 (For use of Local Registrar)

Registered No. 6 (For use of Local Registrar)

2 FULL NAME Dividend Ayers

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

Residence. No. St. (Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. 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, (Mo. da. yr.) Aug 6 1927
7 AGE yrs. mos. ds.
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 (b) General nature of industry, business or establishment in which employed (or employer) Stillborn
9 BIRTHPLACE (State or country) Ga
PARENTS
10 NAME OF FATHER Robt Ayers
11 BIRTHPLACE OF FATHER (State or country) Georgia
12 MAIDEN NAME OF MOTHER Maggie Ward
13 BIRTHPLACE OF MOTHER (State or country) Ga.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) R L Ayers
(Address) Ashland Ga
15 Filed 8-18 1927 J C Osborne LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 6 (Day) 1927 (Year)
17 I HEREBY CERTIFY, That I attended deceased from —, 192 —, to —, 192
that I last saw h— alive on —, 192
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Stillborn
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
Where was disease contracted, if not at place of death
Did an operation precede death? Date of
Was there an autopsy? What test confirmed diagnosis?
(Signed) J S Daley M. D.
Aug 6, 1927 (Address) Homer Ga
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Grove Nails Creek DATE 8-7 1927
20 UNDERTAKER ADDRESS