

DEATH RECORD  
 Cause of Death, Manner of Death, and  
 Date and Time of Death, and  
 Name of Physician, Surgeon, or Coroner.

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

FILE NO.  
 FOR STATE REGISTRAR  
 R.O.V.S.  
 11

1. PLACE OF DEATH Franklin  
 COUNTY Wilbourn  
 TOWN OR CITY Wilbourn  
 FULL NAME Mrs. J. D. Bagwell  
 RESIDENCE, CITY Wilbourn  
 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: 1 YRS. 0 MOS. 0 DYS.

IF NOT NON-RESIDENT OF THIS CITY OR TOWN (GIVE STATE)  
 IF LONGER IN U.S., IF FOREIGN, GIVE IT

| PERSONAL AND STATISTICAL PARTICULARS                                                             |                                      | MEDICAL PARTICULARS                                                             |                              |
|--------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|------------------------------|
| 2. SEX <u>Female</u>                                                                             | 3. COLOR OF HAIR <u>White</u>        | 4. SINGLE, MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>                            | 5. DATE OF DEATH <u>4/13</u> |
| 6. IF MARRIED, WIDOWED, OR DIVORCED, GIVE NAME OF HUSBAND OR (LAST) WIFE OF <u>J. D. Bagwell</u> |                                      | 7. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>190</u> TO <u>190</u>     |                              |
| 8. DATE OF BIRTH, (MO.) <u>3</u> (DAY) <u>14</u> (YEAR) <u>1857</u>                              | 9. AGE <u>47</u> YRS. <u>29</u> DYS. | 10. AND I LAST SAW HIM ALIVE ON <u>190</u>                                      |                              |
| 11. IF LESS THAN 2 YEARS, STATE IF MARRIED PREVIOUSLY                                            |                                      | 12. AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>8 P.M.</u>           |                              |
| 13. OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK <u>Housekeeper</u>               |                                      | 14. THE CAUSE OF DEATH WAS AS FOLLOWS: <u>Acute Paralysis</u>                   |                              |
| 15. BIRTHPLACE (STATE OR COUNTRY) <u>Franklin Co. Abner Alberson</u>                             |                                      | 16. DURATION: <u>190</u> MOS. <u>0</u> DYS.                                     |                              |
| 17. NAME OF FATHER <u>Abner Alberson</u>                                                         |                                      | 17. CONTRIBUTORY (SECONDARY) <u>0</u>                                           |                              |
| 18. BIRTHPLACE OF FATHER (STATE OR COUNTRY) <u>S.C.</u>                                          |                                      | 18. DURATION: <u>190</u> MOS. <u>0</u> DYS.                                     |                              |
| 19. MAIDEN NAME OF MOTHER <u>Mary McCall</u>                                                     |                                      | 19. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?                     |                              |
| 20. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) <u>Ga</u>                                            |                                      | 20. DID OPERATION PRECEDE DEATH? <u>0</u> DATE OF <u>0</u>                      |                              |
| 21. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE                                                |                                      | 21. WAS THERE AN AUTOPSY? <u>0</u> WHAT TEST CONFIRMED <u>0</u>                 |                              |
| 22. (Signature) <u>Mrs. Lula Hagan</u>                                                           |                                      | 22. DIAGNOSIS: <u>Acute Paralysis</u>                                           |                              |
| (Address) <u>Martin Ga</u>                                                                       |                                      | 23. (Signed) <u>J. M. Freeman</u> M.D.                                          |                              |
| 23. FILED <u>May 10 1908</u> <u>G. H. D. Dean</u>                                                |                                      | 23. (Address) <u>Lavonia Ga</u>                                                 |                              |
|                                                                                                  |                                      | 24. PLACE OF BURIAL, CREMATION OR REBURNAL <u>Clarks Creek</u> DATE <u>4/14</u> |                              |
|                                                                                                  |                                      | 25. BURIAL UNDERTAKER <u>Clodfelter-Stovall</u> ADDRESS <u>Martin Ga</u>        |                              |

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MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR