1 Place of Death

BUREAU OF VITAL STATISTICS

15

12

County of Franklin

Militia District of Middle W Registration District No. 14 RO Registered No.

City of (No. St.)

2 FULL NAME Mary E. Baily

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.

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. R. Bailey

6 DATE OF BIRTH. (Mo. da. yr.)

7 AGE 71 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)

9 BIRTHPLACE (State or country) Elbert Co

PARENTS

10 NAME OF FATHER Fleming Wansley

11 BIRTHPLACE OF FATHER (State or country) Elbert

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Informant) J. R. Bailey

(Address) Royston Ga

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Recorded 5-3 1927 W.W. [illegible] Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 4/27 1927

17 I HEREBY CERTIFY, That I attended deceased from 4-13 1927 to 4-27 1927

that I last saw h... alive on 4-27 1927

and that death occurred on the date stated above, at 6 P m.

The CAUSE OF DEATH was as follows:

Dysentery
Rheumatism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? Her Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Symptoms

(Signed) J. C. McGarity, M. D.

(Address) 5-3 1927 Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Carnesville City Cemetery | DATE Apr 28 1927

20 UNDERTAKER Weatherly & Brock | ADDRESS Royston Ga