LOCAL REGISTRAR'S COPY

CERTIFICATE OF DEATH

GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

STATE FILE NUMBER

1 PLACE OF DEATH
State—Georgia.
County Franklin Co
City or Town Canon Ga No.
Militia District No. 1363 Registered No. 2
St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2 FULL NAME Gertie Boker
(a) Residence Canon Ga
(Usual place of abode, street and number)
Length of residence in city or town where death occurred yrs. mos. ds.
If NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female; 4 Color or Race: Colored; 5 Single, Married, Widowed, or Divorced (write the word).	16 DATE OF DEATH (month, day and year) 2 4 1928
5a Name of Husband or Wife, if Married, Widowed or Divorced.	17 I HEREBY CERTIFY, That I attended deceased from 2-1, 1929, to 2-3, 1929
6 DATE OF BIRTH (month, day and year)	that I last saw h alive on 2-3, 1929
7 AGE Years Months Days 3 If LESS than 1 day, hrs. or min.	and that death occurred, on the date stated above at 8 a m.
8 OCCUPATION (a) Trade, Profession or particular kind of work (b) General nature of Industry Business or Establishment in which employed (or employer)	The CAUSE OF DEATH was as follows: Hemorrhage Umbilical
9 BIRTHPLACE (State or Country) Ga	(duration) yrs. mos. ds.
10 NAME OF FATHER	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or Country)	18 Where was disease contracted if not at place of death?
12 MAIDEN NAME OF MOTHER Lizanne Boker	Did an operation precede death? Date of
13 BIRTHPLACE OF MOTHER (State or Country) Ga	Was there an autopsy? What test confirmed diagnosis?
14 The Above is True to the Best of My Knowledge. (Informant) William Boker (Address)	(Signed) J. B. Gilbert, M.D. (Address) Royston Ga
15 Filed 2/5, 1929	19 Place of Burial, Cremation, or Removal: Hominy Grop; Date of Burial 2/5 1929
Registrar J C Bowers	20 UNDERTAKER None in Charge; Address

Delayed