

## BUREAU OF VITAL STATISTICS

12

RECORD INK—THIS IS A PERMANENT RECORD.

1 Place of Death  
County of Franklin

Militia District of Maullye Registration District No. 370 Registered No. 93

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.)

2 FULL NAME Jesse Oliver Barister Jr

Residence, No. Canaan Ga St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

8 DATE OF BIRTH (Mo. da. yr.) Nov. 20 - 1922

7 AGE 5 yrs. 4 mos. 1 da. If less than 2 years state (if breast fed) If less than 1 day

Yes No 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) Hart Co.

10 NAME OF FATHER Jesse Oliver Barister Sr

11 BIRTHPLACE OF FATHER (State or country) S.C.

12 MAIDEN NAME OF MOTHER Annice Bell Johnson

13 BIRTHPLACE OF MOTHER (State or country) Hart Co

14 THE ABOVE IS TRUE

Informant J O Barister (Address) Canaan Ga

Recorded 6-9-28 Geo M Parks Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 3-17-1928 I HEREBY CERTIFY, That I attended deceased from 3-21-1928 that I last saw him/alive on 3-21-1928

and that death occurred on the date stated above, at the CAUSE OF DEATH was as follows: Empyema, myocarditis

(duration) Six weeks yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. da.

18 Where was disease contracted?

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no What test confirmed diagnosis? \_\_\_\_\_

(Signed) J D Brown M. D.

(Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE Bethany Church 3-22-28

20 UNDERTAKER ADDRESS Weatherly + Brock Royston Ga

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