1 PLACE OF DEATH

COUNTY OF Franklin

LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

B. O. V. S. FORM 12

MIL. DIST. No. 210
TOWN OR CITY Ashland No. Ga R2 ST. REG. DIST. No. 210
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.) REGISTERED No. 13

2 FULL NAME Edna Jane Barnes

RESIDENCE, CITY Ashland Ga No. 2 ST.

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE) HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE white | 5 SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD) Widow

A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W W Barnes

DATE OF BIRTH (MO.) Oct (DAY) 16 (YEAR) 1839

AGE 87 YRS. 11 MOS. 17 DYS.

IF LESS THAN 2 YEARS STATE IF BREAST FED YES NO | IF LESS THAN 1 DAY HRS. MINS.

OCCUPATION
(A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK X
(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) X

BIRTHPLACE (STATE OR COUNTRY) Banks Co Ga

PARENTS
10 NAME OF FATHER Thomas Osborne
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Not known
12 MAIDEN NAME OF MOTHER Jennie Brown
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Banks Co Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) T M Barnes
(ADDRESS) Ashland Ga #2

15 FILED Nov 11 1927 J C Mize L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH Oct 3 1927

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 1st 1927 TO Oct 3 1927 THAT I LAST SAW Her ALIVE ON Oct 1st 1927 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 11 a M

THE CAUSE OF DEATH WAS Carcinoma of the womb

(DURATION) Not known MOS. DYS.

CONTRIBUTORY (SECONDARY) Uterine hemorrhage

(DURATION) YRS. MOS. DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? yes

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? None

(SIGNED) Chas C Echols M. D.
Nov 2 1927 (ADDRESS) Ashland Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hudson River DATE Oct 4 1927

20 UNDERTAKER None ADDRESS

RECORDS AND BURIAL PERMITS REQUIRED — SEE REVERSE SIDE. THIS IS A PERMANENT RECORD. PHYSICIANS should state EXACTLY statement of OCCUPATION