

1 Place of Death

BUREAU OF VITAL STATISTICS

F. B. O. V. S.
O. R. N.
12County of FranklinMilitia District of Monkys Registration District No. 370Registered No. 79

City of _____ (No. _____ St.)

2 FULL NAME Eugene Edwin BeardenResidence, No. Rayston 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

MEDICAL PARTICULARS

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

Male White Single

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

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

7 AGE If less than 2 years state if breast fed yrs. mos. da. 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 employee)

9 BIRTHPLACE (State or country)

Ga

10 NAME OF FATHER

Kelus Bearden

11 BIRTHPLACE OF FATHER (State or country)

Ga

12 MAIDEN NAME OF MOTHER

Scarbors

13 BIRTHPLACE OF MOTHER (State or country)

Ga

14 THE ABOVE IS TRUE

(Informant) Kelus Bearden(Address) Rayston Ga

Recorded Jan 9 1927 Geo M Parks

Registrar

16 DATE OF DEATH

Dec - 6 1927

17 I HEREBY CERTIFY, That I attended deceased from

19 to 19

that I last saw & alive on 19

and that death occurred on the date stated above, at

The CAUSE OF DEATH was as follows:

No treatment

CONTRIBUTORY (Secondary)

18 Where was disease contracted?

Did an operation precede death? State of _____

Was there an autopsy? What test confirmed diagnosis?

(Signed) J O Mc Crary M. D.(Address) Rayston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Franklin Springs Ga 12/7 1927

20 UNDERTAKER

ADDRESS

Joe I Cunningham Rayston Ga