LOCAL REGISTRAR'S COPY GEORGIA STATE BOARD OF REALTH I PLACE OF DEATH STATE FILE NUMBER State-Georgia. County Franklin Militia District No. 3 70 Registered No. City or Town. IIf death occurred is a hospital or institution, give its NAMII instead of atrest and number William Henry Berginger (a) Residence (Usual place of abole, street and number)
Learth of residence in city of town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH lingle, Married, Widowed, or 4 Color or Race (month, day and year) 10 -14. I HERERY CERTIFY. That I attended deceased from 10-10 - 1028 10 11-1 endinan. that I last saw her alive on 10 - 17 17 LESSAhan and that death occurred, on the date stated above at 3, C. m. I day, hrs The CAUSE OF DEATH was as follows: pioneers.com (duration) Is yrs. ___ mos. __ CONTRIBUTORY (duration) vrs. 18 Where was disease contracted BIRTHPLACE OF FATHE if not at place of death? The Did an operation precede death? 228 Date of 12 MAIDEN NAME Was there an autopsy? What test confirmed diagnosis? BIRTHPLACE OF MOTHE (Signed) __ 14 The Above is True to the Best of My Knowledge. 1. Hound Bergman (Informant) MA 19 Place of Burial, Cremation, or Removal; Date of Burial