Federal Security Agency
U. S. Public Health Service

GEORGIA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

State File No.
Custodian's No. 1072

BIRTH NO. Militia Dist. No.

Rev. 1-1-49

1. Place of Death (a) County: Fulton 443
(b) City or Town: Atlanta 443 (If Outside City or Town Limits, Add Rural)
(c) LENGTH OF STAY (in this place): 1 day
(d) Name of Hosp. or Institution: 277 Moreland S.E.

2. Usual Residence (Where deceased lived. If institution: residence before admission)
(a) State: Ga (b) County: Cobb
(c) City or Town: Powder Springs (If Outside City or Town Limits, Add Rural)
(d) Street Address or R. F. D. and Box No.: N
LENGTH OF STAY (in this place)

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) Gentry c. (Last) Bickers — Mrs Margaret Gentry Bickers

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1952

5. SEX: F
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. If Married or Widowed Give Name of Spouse: B C Bickers
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ga
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: D. M. Gentry
14. MOTHER'S MAIDEN NAME: Mary Hodgens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mrs. Harry Bickers, Marietta Ga

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *See Reverse Side
I. Condition or complication (a) directly leading to Death*: heart failure
(b) Morbid condition, if any, giving rise to above cause: Pneumonia
(c) Underlying cause of death: Cardiac arrhythmia
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: old age
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

Diagnosis: Clinical ☐ Lab. ☐ X-Ray ☐ — 1. 2. 3. 4. 5. 6. 7.

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY OR TOWN) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 6 1952 to Mar 7 1952 that I last saw the deceased alive on Mar 6 1952 and that death occurred at 2 A.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): C.D. Lobenbaum MD
23b. ADDRESS: 1019 W. Ptree
23c. DATE SIGNED: Mar. 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 8-1952
24c. NAME OF CEMETERY OR CREMATORY: City Cem
24d. LOCATION (City or Town) (County) (State): Marietta, Cobb, Ga

DATE REC'D BY LOCAL REG.: MAR 10 1952
REGISTRAR'S SIGNATURE: [illegible] Pierce
25. FUNERAL DIRECTOR / ADDRESS: W. M. Dobbins Marietta Ga

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REGISTRAR: CHECK CERTIFICATE CAREFULLY

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the Authority of Chapter 31-10, Vital Records Code of Georgia.

Michael R. Lavoie
State Vital Records
Registrar and Custodian
Director, Vital Records Service

County Custodian [signature]

Issued by: B Smith Date: 10/11/94
(Void without original signature and impressed seal)

MARGARET GENTRY BICKERS