LOCAL REGISTRAR'S COPY GEORGIA STATE BOARD OF BEALTH I PLACE OF DEATE Bureau of Vital Statistics State-Georgie. STATE PILE NUMBER Registered No. City or Town Of all Cour curred to a hospital or institution, give its NAME lustend of street and number). (a) Residence If NON-RESIDENT give city or town and state of residence. MEDICAL CERTIFICATE OF DEATH 5 Single, Married, Widowed the pure 3 SEX 16 DATE OF DEATH 4 Color or Race (month, day and year) /2 - 10 5a Name of Husband or Wife, if Married, Widswed of Divorce 17 I HEREBY CERTIFY, That I attended deceased from 14-11 - 1079, to 12-12 6 DATE OF BIRTH (month, day and year) that I last saw he's alive on /2 - /2 -If LESS No. and that death occurred, on the date stated above at it. Q. m. 1 day. The CAUSE OF DEATH was as follows: www.geordiabioneers.com particular kind of work (b) General nature of Industry. Business or Establishment in (duration) yrs, __ mos. __ CONTRIBUTORY OF FATHER (duration) ___ yrs. __ mos. _ 18 Where was disease contracted 11 BIRTHPLACE OF FATHER if not at place of death? 12 MAIDEN NAME Did an operation precede death? "TIPDate of_ Was there an autopsy? 13 BIRTHPLACE OF What test confirmed dilenosis? (Signed) 14 The Above is True to the Best of My Knowledge. (Informant) - Rolling 19 Place of Burial, Cremation or Removal Date of Rorial (Address) // 01/5 Registrar