

CERTIFICATE OF DEATH GEORGIA STATE BOARD OF HEALTH Bureau of Vital Statistics

1 PLACE OF DEATH

State—Georgia.

 County Franklin

City or Town _____

 Milledge District No. Prigant Registered No. 206

STATE FILE NUMBER _____

 No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give the NAME instead of street and number).

2 FULL NAME

(a) Residence _____

(Local place of abode, street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

IF NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced (write the word).

Male white married

6a Name of Husband or Wife, if Married, Widowed or Divorced. _____

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. _____ min.

65 1855

8 OCCUPATION

 (a) Trade, Profession or particular kind of work.
 (b) General nature of industry, business or establishment in which employed (or employer).

Farmer

9 BIRTHPLACE

(State or Country)

Ga

10 NAME OF FATHER

Tom Baid.

11 BIRTHPLACE OF FATHER

(State or Country)

Ga

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

Ga

14 The Above is True to the Best of My Knowledge.

(Informant)

(Address)

Jim Baid.
Decatur Ga

15

Filed _____, 19 _____

Registrar _____

14 DATE OF DEATH

Sept 1920

17 I HEREBY CERTIFY, That I attended deceased from _____, 1920, to _____, 1920.

that I last saw him alive on _____, 1920.

and that death occurred, on the date stated above at _____ a.

The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

 (duration) _____ yes _____ mos. 7 ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

 Did an operation precede death? No Date of _____

 Was there an autopsy? No

What test confirmed diagnosis?

 (Signed) Lavonia M. Thomas, M.D.

 (Address) Lavonia Ga

19 Place of Burial, Cremation, or Removal Date of Burial

Fair View Ga Sept 15 20

 20 UNDERTAKER C. P. Ray

 Address Lavonia Ga