1 Place of Death

# BUREAU OF VITAL STATISTICS

14

F. & V. S. Form 12

County of Franklin

Militia District of Middle R. Registration District No. Registered No.

City of (No. St.)

2 FULL NAME Lucy Bray

Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J W Bray

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

7 AGE: 73 yrs. mos. ds.
If less than 2 years state if breast fed: Yes No
If less than 1 day: hrs. mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Franklin

10 NAME OF FATHER: William Faulkner

11 BIRTHPLACE OF FATHER (State or country): Ellert Co

12 MAIDEN NAME OF MOTHER: Mary Ballenger

13 BIRTHPLACE OF MOTHER (State or country): Elbert Co

PARENTS

14 THE ABOVE IS TRUE

(Informant) J. W. Bray

(Address) Royston Ga.

15 Recorded: March 1 1927 W. W. Rhodes Registrar

## MEDICAL PARTICULARS

16 DATE OF DEATH: Feb 24 1927

17 I HEREBY CERTIFY, That I attended deceased from 1926 Dec. to Feb 27 1927

that I last saw h[illegible] alive on 2/23 1927

and that death occurred on the date stated above, at 11 A m.

The CAUSE OF DEATH was as follows:

Senile Debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis?

(Signed) G. L. Kilgore M. D.

(Address) Royston Ga.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Franklin Springs Baptist DATE: 2/27 1927

20 UNDERTAKER: Westbrook & Brock ADDRESS: Royston Ga