LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

FORM B. O. V. S. 12

1. PLACE OF DEATH
COUNTY OF Franklin
MILIT. DIST. No. 210
TOWN OR CITY _____ NO. _____ ST. REG. DIST. No. 210 REGISTERED No. 5
(1) IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2. FULL NAME Still birth

RESIDENCE, CITY _____ NO. _____ ST. _____
(2a) LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. _____ MOS. _____ DYS. _____ (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE) HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. _____ MOS. _____ DYS. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD): Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH, (MO.): Mch DAY: 2 YEAR: 1928
7. AGE _____ YRS. _____ MOS. _____ DYS.
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 f
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) f
9. BIRTHPLACE (STATE OR COUNTRY) Franklin Co Ga

PARENTS
10. NAME OF FATHER Logier Bray
11. BIRTHPLACE OF FATHER (STATE OR COUNTRY) Madison Co Ga
12. MAIDEN NAME OF MOTHER Emma Haley
13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Franklin Co Ga

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) L L Bray
(ADDRESS) Royston Ga #1
15. FILED Mch 6 1928 J H Higgs L. R.

MEDICAL PARTICULARS

16. DATE OF DEATH Mch 2 1928
17. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 192__ TO _____ 192__
THAT I LAST SAW H_____ ALIVE ON _____ 192__ AND
THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT _____ M
THE CAUSE OF DEATH WAS
Still born
(DURATION) _____ YRS. _____ MOS. _____ DYS.
CONTRIBUTORY (SECONDARY) _____
(DURATION) _____ YRS. _____ MOS. _____ DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____ WHAT TEST CONFIRMED DIAGNOSIS? _____
(SIGNED) R F Westbrook M. D.
3-2 192 8 (ADDRESS) Ila Ga
18. PLACE OF BURIAL, CREMATION, OR REMOVAL Trinity Church DATE 3-3 192 8
20. UNDERTAKER Weatherby & Brock ADDRESS Royston Ga

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PRINTED CAUSES, STATE (1) MEANS AND NATURE OF INJURY, AND (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL. (SEE REVERSE SIDE FOR ADDITIONAL SPACE.) USE INDELIBLE INK. THIS IS A PERMANENT RECORD.