

ADDITIONAL SPACE

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LOCAL REGISTRAR'S RECORD OF DEATH

GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

D. O. B. R. FORM 12

1 PLACE OF DEATH
COUNTY OF Franklin

MIL. DIST. NO. 264
TOWN OR CITY Carnesville, R.F.D. ST. REG. DIST. NO. 264 REGISTERED NO. 20

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Frank Brock

RESIDENCE, CITY Carnesville, Ga. R.F.D.

3 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE) YRS. MOS. DYS. (IF FOREIGN BIRTH) YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) <u>single</u>	18 DATE OF DEATH <u>June 5 1928</u>		
19 IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			17 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>May 25 1928</u> TO <u>June 5 1928</u>		
6 DATE OF BIRTH (MO.) DAY YEAR <u>May 2 30 1926</u>			THAT I LAST SAW HIM ALIVE ON <u>June 4 1928</u> AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT <u>9 a.m.</u>		
7 AGE YRS. MOS. DYS. <u>2 5</u>			THE CAUSE OF DEATH WAS <u>Alloiscolitis</u>		
8 IF LESS THAN 2 YEARS STATE IF BREAST FED. YES No. IF LESS THAN 1 YEAR			www.georgiapioneers.com		
9 OCCUPATION (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK <u>Farmer</u> (B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)			(DURATION) YRS. MOS. DYS.		
10 BIRTHPLACE (STATE OR COUNTRY) <u>Franklin co. Ga</u>			CONTRIBUTORY (SECONDARY)		
11 NAME OF FATHER <u>Robert H. Brock</u>			(DURATION) YRS. MOS. DYS.		
12 BIRTHPLACE OF FATHER (STATE OR COUNTRY) <u>Franklin co. Ga</u>			WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?		
13 MAIDEN NAME OF MOTHER <u>Nettie L. Jordan</u>			DID AN OPERATION PRECEDE DEATH? <u>no</u> DATE OF		
14 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) <u>Stevens co. Ga</u>			WAS THERE AN AUTOPEY? <u>no</u> WHAT TEST CONFIRMED DIAGNOSIS?		
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) <u>L. L. Brock</u>			(SIGNED) <u>B. T. Smith</u> M. D.		
(ADDRESS) <u>Martin Ga R.F.D.</u>			<u>6-28 1928</u> (ADDRESS) <u>Carnesville, Ga</u>		
16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) <u>H. F. Runney</u>			19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE <u>Tooms Creek 6-6 1928</u>		
17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) <u>B. D. Ginn</u>			20 UNDERTAKER ADDRESS <u>Carnesville, Ga.</u>		