1 PLACE OF DEATH

COUNTY OF Franklin

MIL. DIST. No. Bryants

TOWN OR CITY ____ No. ____ ST. REG. DIST. No. Bryants

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

REGISTERED No. 207

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

FORM S. D. V. S. 12

2 FULL NAME Eva Maxwell Broom

RESIDENCE, CITY ____ NO ____ ST ____

(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)

18 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

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 (NO.) DAY ____ YEAR ____

7 AGE: YRS. 11 MOS. ____ DYS. ____

IF LESS THAN 2 YEARS: STATE IF BREAST FED YES ____ NO ____ IF LESS THAN 1 MO. GIVE HOURS ____

8 OCCUPATION

(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: None

(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) ____

9 BIRTHPLACE (STATE OR COUNTRY): Hampton, Ga.

PARENTS

10 NAME OF FATHER: E. J. Broom

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): Newnan, Ga

12 MAIDEN NAME OF MOTHER: Myrtle Roberson

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) M. R. Broom

(ADDRESS) Lavonia, Ga

15 ____

FILED 11-10 1928 J. H. Wallace L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH: Oct 13 1928

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct 5 1928 TO Oct 13 1928

THAT I LAST SAW him ALIVE ON Oct 13 1928 AND

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 2 P.M.

THE CAUSE OF DEATH WAS

Uremic Colitis

(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? No DATE OF ____

WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAG. NOSIS? ____

(SIGNED) J. R. Brown M. D.

1928 (ADDRESS) Lavonia, Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Macedonia church, Carroll cemetery

DATE 10-14 1928

20 UNDERTAKER: Weldon & Thomas

ADDRESS: Lavonia

(SEE REVERSE SIDE FOR ADDITIONAL SPACE.) (1) NATURE, AND (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL