

BUREAU OF VITAL STATISTICS

F. & M. V. I.
O. R. N.
12

1 Place of Death

County of FranklinMilitia District of MarbleRegistration District No. 370Registered No. 91

City of _____ (No. _____ St.)

2 FULL NAME not named child of John A. Brown

Residence, No. _____ St. _____

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 2 COLOR OR RACE white 3 Single, Married, Widowed, or Divorced (write the word) single4a If married, widowed, or divorced
HUSBAND of
(or) WIFE of5 DATE OF BIRTH (Mo. da. yrs.) April 5 19287 AGE
If less than 2 years state if breast fedIf less than 1 day
hrs. mins.

8 OCCUPATION

(a) Trade, profession or
business kind of work
(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)10 NAME OF FATHER John A. Brown11 BIRTHPLACE OF FATHER
(State or country) Hart Co12 MOTHER NAME OF MOTHER Deasley13 BIRTHPLACE OF MOTHER
(State or country) Hart Co

14 THE ABOVE IS TRUE

(Informant) John A. Brown(Address) Hartwell GaRecorded 6-9-28 Geo M Parks

Registrar

MEDICAL PARTICULARS

15 DATE OF DEATH April 5 192817 I HEREBY CERTIFY, that I attended deceased from
April 5 1928

that I last saw deceased alive on _____

and that death occurred on the date stated above, at

The CAUSE OF DEATH was as follows:

Premature Baby
months

(duration) yrs. mos. da.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

15 Where was disease contracted?

Did an operation precede death? No Date of _____

Was there an autopsy? _____ What was confirmed diagnosis? _____

(Signed) S D Brown M. D.(Address) Rayston Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Bethesda4-6-28

19 UNDERTAKER

ADDRESS

W C. Page Hartwell Ga

RECORDED WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD