

1 PLACE OF DEATH  
COUNTY OF Franklin  
HIL. DIST. NO. 264  
TOWN OR CITY Cornesville Ga  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME (INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Mrs. Willis Ann Browning  
RESIDENCE, CITY Cornesville Ga.

3 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED  
YES. \_\_\_\_\_ NOS. \_\_\_\_\_ DYS. \_\_\_\_\_

4 SEX Female  
5 COLOR OR RACE white  
6 SINGLE MARRIED unmarried  
WIDOWED DIVORCED (WRITE THE WORD)

7 IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF Newton J Browning  
8 DATE OF BIRTH, (MO.) Jan DAY 11 YEAR 1848  
9 AGE 80 YES. \_\_\_\_\_ NOS. 11 DYS. \_\_\_\_\_

10 IF LESS THAN 2 YEARS  
STATE IF BREAST FED YES. \_\_\_\_\_ NO. \_\_\_\_\_ IF LESS THAN 1 YEAR YES. \_\_\_\_\_ NO. \_\_\_\_\_

11 OCCUPATION  
(A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Farming  
(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

12 BIRTHPLACE (STATE OR COUNTRY)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (STATE OR COUNTRY) S.C.  
15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (STATE OR COUNTRY)

17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(INFORMANT) J. W. Browning  
(ADDRESS) Cornesville Ga

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

ST. REG. DIST. NO. \_\_\_\_\_ REGISTERED NO. 6

19 MEDICAL PARTICULARS  
20 DATE OF DEATH Feb 11  
21 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 2nd 1928 TO Feb 11 1928  
22 THAT I LAST SAW HER ALIVE ON Feb 10 1928 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 8 P.M.  
23 THE CAUSE OF DEATH WAS Senility  
(DURATION) \_\_\_\_\_ YES. \_\_\_\_\_ NOS. \_\_\_\_\_ DYS. \_\_\_\_\_  
24 CONTRIBUTORY (SECONDARY)  
(DURATION) \_\_\_\_\_ YES. \_\_\_\_\_ NOS. \_\_\_\_\_ DYS. \_\_\_\_\_  
25 WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?  
26 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
27 WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAG. \_\_\_\_\_  
28 NOSIST \_\_\_\_\_  
(SIGNED) B. T. Smith M. D.  
Feb 12 1928 (ADDRESS) Cornesville Ga  
29 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE  
Allens Feb 12 1928  
30 UNDERTAKER ADDRESS  
B. D. Green Cornesville Ga

FILED Feb 20 1928 H. J. Ramsey L. H.

RECORDED  
INDEXED  
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