GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

FILE No. For State Registrar Only. 11

1 Place of Death County of Thomas

Militia District of Pine Hill Registration District No. 212 Registered No. 10

City of (No. St.)

(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2 FULL NAME Willie Bryant

Residence. No. St.

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH. (Mo. da. yr.)

7 AGE: 3 yrs. mos. ds.

If less than 2 years state if breast fed Yes No hrs. mths.

8 OCCUPATION (a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ga

PARENTS

10 NAME OF FATHER William Bryant

11 BIRTHPLACE OF FATHER (State or country) Ga

12 MAIDEN NAME OF MOTHER Louania Strahan

13 BIRTHPLACE OF MOTHER (State or country) Ga

14 THE ABOVE IS TRUE (Informant) L M Ring

(Address) Machi Ga. Rt

15 Filed July 19 1928 J T Williams Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from that I last saw him alive on July 16 1928 and that death occurred, on the date stated above, at 4 A. m. The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? at home

Did an operation precede death? No Date of

Was there an autopsy No What test confirmed diagnosis?

(Signed) B T Smith M. D.

19 (Address) Cairnsville Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Ellis Chapel DATE: 7-19 1928

20 UNDERTAKER: B. Johnston ADDRESS: Thomasville Ga