BUREAU OF VITAL STATISTICS

S. S. O. V. S. No. 12

1 Place of Death
County of Franklin
Militia District of Mardis Registration District No. 370 Registered No. 90
City of (No. St.)

2 FULL NAME Rufus Bullard
Residence. No. Royston Ga St.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Black
5 Single, Married, Widowed, or Divorced (write the word): Single
6a If married, widowed, or divorced: HUSBAND of (or) WIFE of
6 DATE OF BIRTH. (Mo. da. yr.)
7 AGE: 1 yrs. 2 mos. ds.
If less than 2 years state if breast fed: Yes No
If less than 1 day: hrs. mins.
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): Franklin Co
10 NAME OF FATHER: unknown
11 BIRTHPLACE OF FATHER (State or country): "
12 MAIDEN NAME OF MOTHER: Isis Bullard
13 BIRTHPLACE OF MOTHER (State or country): Hart Co
14 THE ABOVE IS TRUE
(Informant) W H White
(Address) Royston Ga
15 Recorded 6-9- 1928 Geo M Parks Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 6-3 1928
17 5-29- 1928
I HEREBY CERTIFY, That I attended deceased from 1928 to 6-3- 1928
that I last saw h[illegible] alive on 6-3- 1928
and that death occurred on the date stated above, at 5 P. m.
The CAUSE OF DEATH was as follows:
Broncho Pneumonia
(duration) yrs. mos. 15 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18 Where was disease contracted?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis?
(Signed) J B Gilbert M. D.
(Address) Royston Ga
19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Harmony Grove
DATE: 6-4 1928
20 UNDERTAKER: Weatherly & Brock
ADDRESS: Royston Ga

PARENTS — THIS IS A PERMANENT RECORD — WRITE WITH UNFADING BLACK INK