GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

FILE No. FOR STATE REGISTRAR

B. O. V. S. FORM 11

1 PLACE OF DEATH

COUNTY Franklin.

MIL. DIST. NO. Gum Log.

TOWN OR CITY ____ No. ____ ST. REG. DIST. No. 213 REGISTERED No. ____

(If death occurred in hospital or in institution, give its name instead of street and address)

2 FULL NAME miss Sis Burgess.

RESIDENCE, CITY ____ No. ____ ST. ____

(If not non-resident give City or Town and State)

8 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED ____ Yrs. ____ Mos. ____ Dys. In U. S., if Foreign Birth? ____ Yrs. ____ Mos. ____ Dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

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 (MO.) Nov. DAY 28 YEAR 1850

7 AGE 76 Yrs. 10 Mos. 26 Dys. IF LESS THAN 2 YEARS IF LESS THAN 1 DAY

State if breast fed. Yes ____ No ____ Hrs. ____ Mins. ____

9 OCCUPATION (a) Trade, Profession or particular kind of work retired (b) General nature of Industry Business or Establishment in which employed (or employer) ____

BIRTHPLACE (State or County) S.C.

PARENTS

10 NAME OF FATHER Benny Burgess.

11 BIRTHPLACE OF FATHER (State or County) Ga.

12 MAIDEN NAME OF MOTHER Nancy Hardy.

13 BIRTHPLACE OF MOTHER (State or County) Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Burgess.

(Address) Lavonia, Ga. R.F.D.

15 [illegible] L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH Oct. 24. 1927 192

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb. 26 192 6. TO Aug. 27. 1927 192

AND I LAST SAW HER ALIVE ON Aug. 7.1927 192

AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT ____ M.

THE CAUSE OF DEATH WAS AS FOLLOWS: Pulmonary T.B.

(DURATION) ____ YRS. ____ MOS. ____ DYS.

CONTRIBUTORY (Secondary) ____

(DURATION) ____ YRS. ____ MOS. ____ DYS.

WHERE DISEASE WAS CONTRACTED, IF NOT AT PLACE OF DEATH ____

DID OPERATION PRECEDE DEATH? no DATE OF ____

WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED ____

DIAGNOSIS? None

(SIGNED) R.W. Cornog. M. D.

Oct 27, 192 7 (ADDRESS) Lavonia, Ga.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clarks Creek. 10/28/ 27/ DATE 192

20 UNDERTAKER Weldon & Thomas. ADDRESS Lavonia, Ga.

MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR.

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