1 PLACE OF DEATH

COUNTY Franklin

MIL. DIST. NO. 210

TOWN OR CITY Ashland No. 2

(If death occured in hospital or institution, give its name instead of street and address) ST. REG. DIST. No. 210 REGISTERED No. 7

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE No. FOR STATE REGISTRAR

B. O. V. S. FORM 11

2 FULL NAME H. G. Bush

RESIDENCE, CITY Ashland No. 2 ST. Ga

3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURED ....Yrs. ....Mos. ....Dys. In U. S., if Foreign Birth? ....Yrs. ....Mos. ....Dys. (If not non-resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Black | 5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) Single

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of x

6 DATE OF BIRTH (MO.) March DAY 20 YEAR 1929

7 AGE ....Yrs. ....Mos. ....Dys. IF LESS THAN 2 YEARS State if breast fed. Yes .... No .... IF LESS THAN 1 DAY

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

9 BIRTHPLACE (State or Country) Franklin Co Ga

PARENTS

10 NAME OF FATHER Hay Bush

11 BIRTHPLACE OF FATHER (State or County) Franklin Co Ga

12 MAIDEN NAME OF MOTHER Clara Gilliard

13 BIRTHPLACE OF MOTHER (State or County) South Carolina

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

(Informant) Hay Bush

(Address) Ashland Ga

15 FILED June 13 192 J. C. Mize L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH June 20 192 8

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ....192........ TO ....192........

AND, I LAST SAW H........ALIVE ON........192........

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

Stillborn

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

CONTRIBUTORY (Secondary) \

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

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

DID OPERATION PRECEDE DEATH? .... DATE OF ....

WAS THERE AN AUTOPSY? .... WHAT TEST CONFIRMED

DIAGNOSIS?

(SIGNED) J. C. Mize L. R. M. D.

June 13 192 8 (ADDRESS) Ashland Ga

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashland Ga | DATE 6-20 192

20 UNDERTAKER x | ADDRESS x