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 Franklin

Militia District of Red Hill   Registration District No. 712   Registered No. 5

City of .... (No. .... St.) (If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2 FULL NAME Marie Avaline Cabe

Residence. No. .... 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 Female

4 COLOR OR RACE White

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

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

6 DATE OF BIRTH, (Mo. ds. yr.)

7 AGE .... yrs. 9 mos. 15 ds. If less than 2 years state if breast fed Yes No ...... 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) Child

9 BIRTHPLACE (State or country) Ga

PARENTS

10 NAME OF FATHER Wm A Cabe

11 BIRTHPLACE OF FATHER (State or country) N.C.

12 MAIDEN NAME OF MOTHER Etta Losby

13 BIRTHPLACE OF MOTHER (State or country) Ga

14 THE ABOVE IS TRUE (Informant) W A Cabe

(Address) Carnesville Ga

15 Filed May 9 1928 J. H. Whitworth Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Mch 21 1928

17 I HEREBY CERTIFY, That I attended deceased from .... that I last saw her alive on Mch 20 1928 and that death occurred, on the date stated above, at .... m. The CAUSE OF DEATH* was as follows:

[illegible]

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary)

(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted?

Did an operation precede death? .... Date of ....

Was there an autopsy no What test confirmed diagnosis?

(Signed) W H Swain M. D.

19 (Address) Martin Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Allen Cem.

DATE 3-21 1928

20 UNDERTAKER Bond Crawford Lipscomb

ADDRESS Toccoa Ga

N.B.—... stated EXACTLY. PHYSICIANS should ... be properly classified. Exact statement of OCCUPATION ... back of certificate. ... RECORD.