

LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

NO. 12

1 PLACE OF DEATH
COUNTY OF Franklin

WIL. DIST. No. 264
TOWN OR CITY Carnesville

ST. REG. DIST. No. 264 REGISTERED No. 13

2 FULL NAME Keith Canon

RESIDENCE, CITY Carnesville Ga

16 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED

NO.

ST.

MO.

YRS.

(IF NOT NOW RESIDENT GIVE CITY OR TOWN AND STATE; HOW LONG IN U. S., IF FOREIGN BIRTH)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

DIVORCED (WRITE THE WORD)

male

white

single

8A IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

6 DATE OF BIRTH, (MO.)

DAY

YEAR

7 AGE

IF LESS THAN 2 YEARS

YES

MO.

YRS.

8B IF BREAST FED

YES

NO

IF LESS

THAN 1 DAY

5

MO.

YRS.

9 OCCUPATION

(A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK

(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

8 BIRTHPLACE

(STATE OR COUNTRY)

Franklin co. Ga

10 NAME OF FATHER

James M. Canon

11 BIRTHPLACE OF FATHER

Franklin co. Ga

(STATE OR COUNTRY)

12 MAIDEN NAME OF MOTHER

Emma H. Strickland

13 BIRTHPLACE OF MOTHER

Madison co. Ga

(STATE OR COUNTRY)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT)

J. M. Canon (Father)

(ADDRESS)

Carnesville Ga

15

FILED

5-1 1928 H. F. Ramsey

(DURATION)

YES

MO.

YRS.

CONTRIBUTORY

(SECONDARY)

(DURATION)

YES

MO.

YRS.

WHERE WAS DISEASE CONTRACTED,

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAG-

NOBIST

(SIGNED)

B. J. Smith

M. D.

4-24 1928

(ADDRESS) Carnesville Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Air View Church 4-24 1928

20 UNDERTAKER

ADDRESS

M. F. Smith

Carnesville Ga

www.georgiapioneers.com