

BUREAU OF VITAL STATISTICS

F.S.V.S.
O
12County of FranklinMilitia District of Middle R. Registration District No. _____

Registered No. _____

City of _____ (No. _____ St.)

2 FULL NAME James Franklin Carey

Residence, No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX 4 COLOR OR RACE 3 Single, Married, Widowed, or Divorced (write the word)

Male White Married

1a If married, widowed, or divorced

HUSBAND of Pennie Bruce

2 WIFE of _____

4 DATE OF BIRTH. (Mo. da. yr.)

5 AGE 24 yrs. mos. da. If less than 2 years state if least had _____ If less than 1 day _____

Yes No Yes No

6 OCCUPATION

(a) Trade, profession or particular kind of work. Farmers

(b) General nature of industry, business or establishment in which employed (or employer)

7 BIRTHPLACE (State or country) Franklin8 NAME OF FATHER J. L. Carey9 BIRTHPLACE OF FATHER (State or country) Franklin10 MAIDEN NAME OF MOTHER Lucinda Fowler11 BIRTHPLACE OF MOTHER (State or country) Franklin12 THE ABOVE IS TRUE (Informant) N. D. Carey(Address) Waynesboro Va.

13 _____

Recorded Feb 27 19 19 W. W. Phillips Registrar

MEDICAL PARTICULARS

10 DATE OF DEATH 12/28

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