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

FILE NO. FOR STATE REGISTRAR

BOYS. 11

1 PLACE OF DEATH
COUNTY Franklin
MILITIA DISTRICT 1175
TOWN OR CITY Carnesville No. [illegible] ST. REG. DIST. NO. 238 REGISTERED NO. 7
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Rachel Freeman Carson

RESIDENCE, CITY Carnesville No. [illegible] ST.
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

12 Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word): Widow

6a IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6 DATE OF BIRTH, (MO. DY. YR.): Aug 14 1823

7 AGE: 2 yrs. 7 mos. 10 dys.
IF LESS THAN 2 YEARS state if breast fed Yes ____ No ____
IF LESS than 1 day ____ hrs. ____ mins.

8 OCCUPATION
(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: Housework
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

PARENTS

9 BIRTHPLACE (STATE OR COUNTRY): Franklin Co Ga
10 NAME OF FATHER: A N Carson
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): Franklin Co Ga
12 MAIDEN NAME OF MOTHER: Belle Higginbotham
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(INFORMANT): A N Carson
(ADDRESS): Carnesville Ga

15
FILED April 30 1925 J. C. Dalrymple
LOCAL REGISTRAR

MEDICAL PARTICULARS

16 DATE OF DEATH: April 14 1925

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ____ 192 , TO ____ 192
THAT I LAST SAW H__ ALIVE ON ____ 192
AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE,
AT 11 P M. THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage
(DURATION) ____ YRS. ____ MOS. ____ DYS.
CONTRIBUTORY (SECONDARY) Old Surgeon
(DURATION) ____ YRS. ____ MOS. ____ DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? ____
DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____
WAS THERE AN AUTOPSY? ____ WHAT TEST CONFIRMED DIAGNOSIS? ____

(SIGNED) J. C. Dalrymple M. D.
192 (ADDRESS): Carnesville

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Zion
DATE: 4/15 192

20
UNDERTAKER: R. D. Gunn
ADDRESS: Carnesville

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