CERTIFICATE OF DEATH

GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

STATE FILE NUMBER

1 PLACE OF DEATH
State—Georgia.
County Franklin
Militia District No. Gum Log Registered No. 217
City or Town No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Lee Cawthon
(a) Residence (Usual place of abode, street and number)
Length of residence in city or town where death occurred yrs. mos. ds. If NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy
4 Color or Race White
5 Single, Married, Widowed, or Divorced (write the word). Single
5a Name of Husband or Wife, if Married, Widowed or Divorced.
6 DATE OF BIRTH (month, day and year) Sept 12-1928
7 AGE Years Months Days 4 If LESS than 1 day, hrs. or min.
8 OCCUPATION
(a) Trade, Profession or particular kind of work None
(b) General nature of Industry Business or Establishment in which employed (or employer)
9 BIRTHPLACE (State or Country) Gum Log
10 NAME OF FATHER Bruan Cawthon
11 BIRTHPLACE OF FATHER (State or Country) Ga
12 MAIDEN NAME OF MOTHER Selma Swift
13 BIRTHPLACE OF MOTHER (State or Country) Ga
14 The Above is True to the Best of My Knowledge,
(Informant) Bruan Cawthon
(Address) Lavonia Ga
15
Filed 10-10, 1928
Registrar J. W. Walker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 16 1928
17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw him alive on Sept 12, 1928
and that death occurred, on the date stated above at m.
The CAUSE OF DEATH was as follows:
Congenital Heart.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18 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. M. Brown MD, M.D.
(Address) Lavonia Ga
19 Place of Burial, Cremation, or Removal Shoal Creek Date of Burial 9-17 1928
20 UNDERTAKER Weldon & Thomas
Address Lavonia Ga

Margin: Physicians should state CAUSE ... Exact statement of OCCUPATION is ... conditions or occupations? ... due to insanitary or dangerous ... classified.