DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No.

L. File No. 1426

F46

1. Place of Death
(a) County: Fulton
(b) City or Town: Atlanta
(c) Usual Residence of Deceased (Street and Number): 584 Cron St., S.E.

2. Usual Residence of Deceased
(a) State: Ga.
(b) County: Fulton
(c) City or Town: Atlanta Ga.
(d) R.F.D. and Box No.: 320 Crawley St., S.E.

$5.00

Full Name: Charles Crawford Bruce

Social Security Number: None

PERSONAL AND STATISTICAL PARTICULARS

4. Sex: Male
5. Color or Race: White
6. Married (Married, Widowed, or Divorced): Married
Maiden Name of Spouse: Nettie Perkins
7. Age: Years 71 Months Days If less than 24 hours: Hrs. Min.
8. Date of Birth: Jan 24 1872
Place of Birth: Ga.
9. Usual Occupation: Stationary Engineer
10. Industry or Business:
11. Name: Olen Cross
12. Relationship: L.R.
13. Address: H.R.
14. Informant: Mrs. Olen Cross
15. Informant's P.O. Address: 320 Crawley St., S.E.
16. Burial, Cremation or Removal: Burial
17. Date: Feb 5th 1943
18. P.O. Address of Place of Burial: Crest Lawn Cemetery Atlanta Ga.
19. Signature of Funeral Director: Barry & Poole Atlanta Ga.
20. Date Filed with L.R.: Feb 5 1943
21. P.O. Address of Undertaker: Atlanta Ga.
22. Coroner's or Medical Examiner's Signature: L.B. Pennington

MEDICAL CERTIFICATION

23. Date of Death: March 29 1943 Time: 6:15 A.M.
24. I hereby certify that I attended the deceased who died on the above date. I last saw him alive on: March 26 1943
Immediate Cause of Death: Cerebral Hemorrhage
Duration
Antecedent Causes: Paralysis of intestines
Contributing Causes (Pregnancy, Diseases, Injuries, Poisons):
Operation: Date of Operation: Diagnosis: Confirmed Suspected: Was Autopsy Performed?
25. If death was due to external violence please answer the following questions:
(a) Accident, Suicide, Homicide (Specify): (b) Date of Injury:
(c) Place of Injury: Street Number City County State
(d) Injury: Did Injury Occur in Industry, Public Place, Home?
(e) Manner of Injury:
26. Physician's Name: Paul Beasley M.D.
27. Date Signed: March 29 1943
28. Physician's Address: Atlanta Ga.

I hereby certify that the foregoing is a true and correct copy of the above certificate as filed with the Department of Public Health.

Director Vital Statistics

Registrar, Fulton County, Georgia.

Registrar of Wills
Fulton County
Georgia

www.georgiapioneers.com