CERTIFICATE OF DEATH GEORGIA STATE BOARD OF HEALTH 1 PLACE OF DEATH Bureau of Vital Statistics State-Georgia. STATE PILE NUMBER Militia District No. Buy authogistered No. 26 Lavonia Lev If NON-RESIDENT give city or fown and state of residen-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 Color or Race 5 Single, Married, Widowed, or Diverged (write the word). 16 DATE OF DEATH Lucelle (month, day and year) delpt 16 5a Name of Husband or Wife, if Married, Widowed or Diverced. 17 I HEREBY CERTIFY, That I attended deceased from und-7-10 , 1928 to Dept 16 6 DATE OF BIRTH (month, day and year) that I last saw her alive on Sent and that death occurred, on the date stated above at 1 day, her The CAUSE OF DEATH was as follows: (a) Trade, Profession of (b) General nature of Ind (duration) YE8. ___ CONTRIBUTORY Endocartisis 11 BIRTHPLACE OF FATHER (duration) yra. mos. 18 Where was disease contracted if not at place of death? 12 MAIDEN NAME Did an operation precede death? 20 Date of Was there an autopsy? 13 BIRTHPLACE OF MOTHER What test confirmed diagnosis? 14 The Above is True to the Best of My Knowledge (Signed) (Informant) (Address) Hayorica (Address) 19 Place of Burial, Cremation, or Removal; Date of Burial Filed 10-10