Copy

GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

File No.—For State Registrar

S. V. S. 11

1 PLACE OF DEATH.

County of Franklin

Militia District of Shoge

or Inc. Town of

or City of

Registration District No. 812 (For use of Local Registrar)

Registered No. 5 (For use of Local Registrar)

2 FULL NAME Mrs L A Chastain

Residence. No. St. (Usual place of abode) (If non-resident give city or town and State) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

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

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female / 4 COLOR OR RACE: White / 5 Single, Married, Widowed, or Divorced (write the word): Married	16 DATE OF DEATH: Sep (Month) 26 (Day) 1927 (Year)
5a If married, widowed or divorced HUSBAND of (or) WIFE of: E T Chastain	17 I HEREBY CERTIFY, That I attended deceased from Sep, 1927, to Sep 26, 1927, that I last saw her alive on Sep 26, 1927, and that death occurred, on the date stated above, at 1 50 P m.
6 DATE OF BIRTH, (Mo. da. yr.): Oct 17 1842	The CAUSE OF DEATH* was as follows: Pellagra (duration) 2 yrs. mos. ds.
7 AGE: 83 yrs. 11 mos. 23 ds. If less than 2 years state if breast fed Yes No. If less than 1 day, hrs. mins.	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
8 OCCUPATION (a) Trade, profession or particular kind of work: Farming (b) General nature of industry, business or establishment in which employed (or employer)	Where was disease contracted, if not at place of death: Don't know
9 BIRTHPLACE (State or country): Anderson S.C.	Did an operation precede death? No Date of
10 NAME OF FATHER: James Cothran	Was there an autopsy? No What test confirmed diagnosis?
11 BIRTHPLACE OF FATHER (State or country): Don't know	(Signed) W H Parker M. D.
12 MAIDEN NAME OF MOTHER: Helen Elembaugh	192 (Address) Ashland Ga
13 BIRTHPLACE OF MOTHER (State or country): Don't kno	19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Indian Creek / DATE: Sep
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) L C Cauthan (Address) Carnesville Ga	20 UNDERTAKER: B D Ginn (Address) Carnesville
15 Sep 27 J C Dalrymple, LOCAL REGISTRAR	