LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 12

1. PLACE OF DEATH
COUNTY OF Franklin Co.
MIL. DIST. NO. 1363
TOWN OR CITY ___ NO ___ ST. REG. DIST. NO. 1363
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.) REGISTERED NO. 6

2. FULL NAME Lizzie Cheek

RESIDENCE. CITY Canon, Ga. NO. ___ ST. ___

(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)

3a. LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. HOW LONG IN U. S., IF FOREIGN BORN? YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Moses Cheek
6. DATE OF BIRTH, (NO.) March DAY 3rd, YEAR 1873
7. AGE 54 YRS. 11 MOS. 19 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: Domestic
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)
9. BIRTHPLACE (STATE OR COUNTRY): Ga.

PARENTS

10. NAME OF FATHER: W.P.Ginn
11. BIRTHPLACE OF FATHER (STATE OR COUNTRY): Ga.
12. MAIDEN NAME OF MOTHER: Rose Ann Simmons
13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ga.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) Moses Cheek Copy
(ADDRESS) Canon, Ga.

15. FILED 4-30-28 192 J.C.Bowers L. R.

MEDICAL PARTICULARS

16. DATE OF DEATH: Feb. 22 1928 192
17. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan. 15th. 1928 TO Feb. 00 28 192
THAT I LAST SAW H___ ALIVE ON 2/20 28 192 AND
THAT DEATH OCCURRED, ON THE DATE STATED ABOVE AT 8 P M
THE CAUSE OF DEATH WAS
Paralysis from
[illegible] Diabetis
(DURATION) 4 or 5 YRS. ___ MOS. ___ DYS.
CONTRIBUTORY (SECONDARY) Diebetes
(DURATION) ___ YRS. ___ MOS. ___ DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF ___
WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAG NOSIS?
(SIGNED) H.L.M cCrary. M. D.
192 (ADDRESS) Boys top Ga.

18. PLACE OF BURIAL, CREMATION, OR REMOVAL: Canoh Ga. DATE: 2/23/28 192
20. UNDERTAKER ADDRESS: Bond Liscomb. Toccoa, Ga.