

OR MEDICAL. (SEE REVERSE SIDE FOR ADDITIONAL SPACE.)

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

NO. O. V. S.
 12

1 PLACE OF DEATH
 COUNTY OF Franklin
 MIL. DIST. No. Bayanito
 TOWN OR CITY No. 206

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.) REGISTERED No. _____

2 FULL NAME Janet Clements

RESIDENCE, CITY _____

18 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YES. NOS. DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE) YES. NOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) single

6A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6 DATE OF BIRTH, (MO.) DAY YEAR 2 2 18

7 AGE 2 YES. NOS. DYS. IF LESS THAN _____

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) Lavonia, Ga.
 10 NAME OF FATHER A. P. Clements

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga.
 12 MAIDEN NAME OF MOTHER Linnie Pruitt

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) A. P. Clements

(ADDRESS) Lavonia Ga

15 FILED 11-10 1928 J. H. Nelson

MEDICAL PARTICULARS

18 DATE OF DEATH Oct 31

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct 10 1928 TO Oct 31 1928 THAT I LAST SAW HER ALIVE ON Oct 31 1928 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 1 P. M. THE CAUSE OF DEATH WAS Intestinary

(DURATION) _____ YES. NOS. DYS. CONTRIBUTORY (SECONDARY) _____

(DURATION) _____ YES. NOS. DYS. 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) James M. Freeman M. D. 1928 (ADDRESS) L Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lavonia, Ga DATE 11-1 1928

20 UNDERTAKER Helden + Thomas ADDRESS L

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