

CERTIFICATE OF DEATH

GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

1 PLACE OF DEATH

State—Georgia.

County—Franklin

City or Town—

MIRTA District No. 512

STATE FILE NUMBER

Registered No. 2

2 FULL NAME

(a) Residence

(Usual place of abode, street and number)

Length of residence in city or town where death occurred yrs. mos. da.

If NON-RESIDENT, give date of birth and place of residence.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced (write the word).

6a Name of Husband or Wife, if Married, Widowed or Divorced.

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If UNDER 1 day, hrs.

or min.

8 OCCUPATION

(a) Trade, Profession, or particular kind of work
(b) General nature of Industry, Business or Establishment in which employed (or employer).

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9 BIRTHPLACE

(State or Country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or Country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or Country)

14 The Above is True to the Best of My Knowledge.

(Informant)

(Address)

15

Filed Oct 8, 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(month, day and year) Nov 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from

July 1923, to Nov 29, 1928

that I last saw him alive on Nov 29, 1928

and that death occurred, on the date stated above at 12:45 m.

The CAUSE OF DEATH was as follows:

Chronic

16 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 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) B. E. S. P. M. D.

(Address)

19 Place of Burial, Cremation, or Removal Date of Burial

11/29/28

20 UNDERTAKER

Address