

1 Place of Death

BUREAU OF VITAL STATISTICS

1921
OCT 12County of FranklinMilitia District of MauleysRegistration District No. 370Registered No. 82

City of _____

(No. _____)

St. _____

2 FULL NAME Harry Morrison CramerResidence, No. Royston R.F.D.

St. _____

(Usual place of abode)

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

(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

1 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

8 DATE OF BIRTH. (Mo. da. yr.) _____

7 AGE _____ If less than 2 years state if breast fed

6 mos. 23 da. If less than 1 day

9 OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (for employer).

8 BIRTHPLACE

(State or country)

10 NAME OF FATHER

(State or country)

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

(State or country)

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE

(Informant)

15 _____

(Address)

Recorded 3-8 28 BM Parks

16 _____

(Address)

17 _____

(Address)

18 _____

(Address)

19 _____

(Address)

20 _____

(Address)

21 _____

(Address)

10 DATE OF DEATH 2-811 I HEREBY CERTIFY, That I attended deceased from 2-1 to 2-8That I last saw him/her on 2-7

and that death occurred on the date stated above, at _____

The CAUSE OF DEATH was as follows: Pneumonia

(duration) _____

12 CONTRIBUTORY (Secondary) _____

(duration) _____

13 Where was disease contracted? His HomeDid an operation precede death? no Date of _____Was there an autopsy? no What test confirmed diagnosis? Histology(Signed) JOMC Cray M. D.(Address) Royston Ga19 PLACE OF BURIAL, CREMATION, OR REMOVAL Graveside Church20 DATE 2-9-192821 UNDERTAKER Weatherly & BrookADDRESS Royston Ga

www.georgiapioneers.com