

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

COUNTY OF Franklin

MIL. DIST. No. Bryant
TOWN OR CITY No. ST. REG. DIST. No. 206 REGISTERED No. _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Jane Crider

RESIDENCE, CITY Lavonia NO. _____ ST. _____

18 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE; HOW LONG IN U. S., IF FOREIGN BIRTH) YES. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Married
MARRIED Married
WIDOWED
DIVORCED (WRITE THE WORD)

16 DATE OF DEATH Nov 6 -

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 9 1928 TO Nov 6 1928
THAT I LAST SAW HIM/HER ALIVE ON Nov 4 1928 AND
THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 8 A M
THE CAUSE OF DEATH WAS Pellagra

6 DATE OF BIRTH, (MO.) DAY YEAR

7 AGE 45 YRS. MOS. 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 Cotton Mill
(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

9 BIRTHPLACE (STATE OR COUNTRY) Ga

10 NAME OF FATHER Jack Crider

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga

12 MAIDEN NAME OF MOTHER Nancy Smith

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) Grady Crider
(ADDRESS) Lavonia Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE
Pleasant Grove 12-10 1928

20 UNDERTAKER ADDRESS
Mildred & Thomas Lavonia Ga

FILED 12/10 1928 J H Helgeson