GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

FORM 12

1 Place of Death County of Franklin Co Ga

Militia District of 1420 Registration District No. Registered No. 1

City of (No. St.)

2 FULL NAME Nancey Jane Crow

Residence No. (Usual place of abode) St.

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of wife

6 DATE OF BIRTH (Mo. da. yr.)

7 AGE 68 yrs. 11 mos. If less than 2 years state if breast fed Yes No 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) Franklin Co Ga

PARENTS

10 NAME OF FATHER Murfon Phillips

11 BIRTHPLACE OF FATHER (State or country) Franklin Co Ga

12 MAIDEN NAME OF MOTHER Jane Bond

13 BIRTHPLACE OF MOTHER (State or country) Madison Co

14 THE ABOVE IS TRUE (Informant) A J Crow

(Address) Royston Ga

15 Recorded 1/11 1929 W W Phillips

MEDICAL PARTICULARS

16 DATE OF DEATH 10/8 1928

17 I HEREBY CERTIFY, That I attended deceased from 19 to 10/8 1928

That I last saw h alive on 10/8 1928

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

Cause of death was as follows: Pilaby Warte

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy What test confirmed diagnosis?

(Signed) H G McCurry M. D.

19 (Address) Royston Ga

20 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE 19

30 UNDERTAKER ADDRESS

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