

1 PLACE OF DEATH

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE NO.
FOR STATE REGISTRAR

BOVS

11

COUNTY Fulton

MILITIA DISTRICT Sty

TOWN OR

CITY

No. ST. REG. DIST. NO. 12

REGISTERED NO. 14

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

2 FULL NAME Robert West

RESIDENCE, CITY No. ST.

3 Length of residence in city or town where death occurred yrs. mos. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) dya. How long in U. S. If of foreign birth? yrs. mos. dya.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX male 5 COLOR OR RACE white 6 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) single

7 IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

8 DATE OF BIRTH, (MO. DY. YR.) July 16 - 1920

9 AGE IF LESS THAN 2 YEARS yrs. mos. dya. If LESS than 1 day, hrs. mins.

10 STATE IF breast fed Yes No

11 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Y

(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

12 BIRTHPLACE (STATE OR COUNTRY) Fulton Co Ga

13 NAME OF FATHER Simon Bryant

14 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Fulton Co Ga

15 MAIDEN NAME OF MOTHER Pauline Leary

16 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Fulton Co Ga

17 IS THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(INFORMANT) Simon Bryant

(ADDRESS) Camden Ga

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MEDICAL PARTICULARS

18 DATE OF DEATH July 16 1923

19 IF I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

192 16 TO 192

THAT I LAST SAW HIM ALIVE ON 192

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE

AT M. THE CAUSE OF DEATH WAS AS FOLLOWS

(DURATION) YRS. MOS. DYS.

CONTRIBUTORY (SECONDARY)

(DURATION) YRS. MOS. 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 DIAG.

NOBIST

(SIGNED) J. C. W. Bryant M. D.

192 (ADDRESS) Camden Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

None 192

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LOCAL REGISTRAR

UNDERTAKER

ADDRESS