

1 Place of Death

BUREAU OF VITAL STATISTICS

County of FranklinMilitia District of ManleysRegistration District No. 370Registered No. 89P. S. V. L.
O. S. 12

City of _____ (No. _____) (St.)

2 FULL NAME Mrs Lessie DoveResidence, No. Raytown GaSt. R 70 # 3

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (If non-resident give city or town and State)

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) widow6a If married, widowed, or divorced, name of husband or (or) wife of Calvin Pateris8 DATE OF BIRTH, (Mo. ds. yrs.) 7-20-18997 AGE 28 yrs. If less than 2 years state if hours, mins. 24 ds.

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

10 BIRTHPLACE (State or country) Madison Co11 NAME OF FATHER J L Dove12 BIRTHPLACE OF FATHER (State or country) Franklin Co13 MAIDEN NAME OF MOTHER Fowler14 BIRTHPLACE OF MOTHER (State or country) Madison Co15 THE ABOVE IS TRUE (Informant) J L Dove(Address) Raytown Ga R 70 # 316 Recorded May 10 1928 Geo M Parks Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 4-14-2817 Oct 10 I HEREBY CERTIFY, That I attended deceased from 27 to Oct 10that I last saw her alive on Oct 10and that death occurred on the date stated above, at 27The CAUSE OF DEATH was as follows: Pellagra

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Don't know. Only saw patient one time

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted?

Did an operation precede death? no Date of _____Was there an autopsy? no What test confirmed diagnosis?(Signed) H L McCrory M. D.(Address) Raytown Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

Hamm's Creek Church 4-15-28

20 UNDERTAKER ADDRESS

Joe J Cunningham Raytown Ga

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

PARENTS