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

FILE NO. FOR STATE REGISTRAR

BOVS 511

1 PLACE OF DEATH
COUNTY Franklin
MILITIA DISTRICT Bryants
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 Gertrude Dean

RESIDENCE, CITY Lavonia No. ____ ST.
12 Length of residence in city or town where death occurred yrs. mos. dys. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX Female
4 COLOR OR RACE Black
5 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Single

5a IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF

6 DATE OF BIRTH, (MO. DY. YR.)

7 AGE 30 yrs. ____ mos. ____ dys.
IF LESS THAN 2 YEARS state if breast fed Yes ____ No. ____
IF LESS than 1 day ____ hrs. ____ min.

8 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Farming
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) ____

9 BIRTHPLACE (STATE OR COUNTRY) S C

PARENTS

10 NAME OF FATHER Lewis Pickens
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) S C
12 MAIDEN NAME OF MOTHER Fannie Croft
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(INFORMANT) Robt Thompson
(ADDRESS) Lavonia Ga

15
FILED 3-10 1928 J. M. Weldon
LOCAL REGISTRAR

MEDICAL PARTICULARS

16 DATE OF DEATH
Feb 20 1928

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
Dec 1927 . TO ____ 192
THAT I LAST SAW H.... ALIVE ON ____ 192
AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE,
AT ____ M. THE CAUSE OF DEATH WAS AS FOLLOWS:

Paralysis
(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-NOSIS? ____

(SIGNED) J M Freeman M. D.
2-20 1928 (ADDRESS) Lavonia Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Light | DATE: 2-21-28 1928

20
Sheldon & Thomas Lavonia Ga
UNDERTAKER ADDRESS