CERTIFICATE OF DEATH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Statistics

Registered No. 14

1. PLACE OF DEATH

County Paulding Militia District (Number and Name) 1050 Dallas State of Georg

City or Town Dallas Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No)

Street and Number (No.) (Street) Dallas Ga Ward

(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME D L Jones

Residence (City or Town) Dallas (Street and Number) (State) Ga

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

6. DATE OF BIRTH (month, day, year) Dec-1-1849

7. AGE	Years	Months	Days	If less than one day
	84	5	28	Hours Minutes

8. OCCUPATION

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.

(c) Date deceased last worked at this occupation (month and year)

(d) Total years spent in this occupation

9. BIRTHPLACE (P. O. Address) Dallas Ga

FATHER

10. NAME Wylie Jones

11. BIRTHPLACE (P. O. Address) Georgia

MOTHER

12. MAIDEN NAME D. Tinsley

13. BIRTHPLACE (P. O. Address) Ga.

14. INFORMANT (Signed) J M Jones (Address) Dallas Ga

19. BURIAL PLACE (Cemetery) Mt. Olivett (Postoffice) Dallas Ga Date 5-30-36

20. UNDERTAKER (Signed) West Side Funeral Home (Address) 902 - Bankhead Ave. Atlanta Ga

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 29 - 1936 at 8-A- (Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from June - 1935 to May 29 - 19[illegible]

I last saw him alive on May-15- 1936 and he is said to have occurred on the date and hour stated above.

The principal cause of death and related causes of importance in the order of onset and duration of each:

Chronic interstitial Nephritis

Other contributory causes of importance:

What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external causes (violence) fill in also the following:

Was injury an accident, suicide, or homicide?

Where did injury occur (Specify city or town, if outside of limits, the county, and also the state)

Did injury occur in a home, public place or industry?

Manner of injury

Nature of injury

(Signed) Joe T. Matthews M D

(Address) Dallas Ga

15. FILED May - 30 - 1936

C Abbott (Local Registrar)