GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

15 14

F.B.O.V.S. FORM 12

1 Place of Death County of Franklin Co Ga

Militia District of 1420 Registration District No. Registered No. 3

City of (No. St.)

2 FULL NAME Mary Alice Powell

Residence No. Royston Ga St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) Single

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

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

7 AGE yrs. 3 mos. 24 ds.

If less than 2 years state if breast fed Yes No

hrs. mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work

(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 G H Powell

11 BIRTHPLACE OF FATHER (State or country) Macon Co N C

12 MAIDEN NAME OF MOTHER Belle Buick S C

13 BIRTHPLACE OF MOTHER (State or country) Macon Co N C

14 THE ABOVE IS TRUE (Informant) G H Powell

(Address) Royston Ga

15 Recorded 12/21 1925 W W Phillips Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 12/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/8 1925 to 12/10 1925

that I last saw her alive on 12/10 1925

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

The CAUSE OF DEATH was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? At home

Did an operation precede death? no Date of

Was there an autopsy no What test confirmed diagnosis?

(Signed) H O McCharty M. D.

19 (Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE 1925

20 UNDERTAKER Jere J Cheshom | ADDRESS Roy't