1 Place of Death

BUREAU OF VITAL STATISTICS

F. & S. V. L. No. 12

County of Franklin 19

Militia District of Middle Registration District No. Registered No.

City of Royston (No. St.)

2 FULL NAME Eighth Jane Dudley

Residence. No. St.

(Usual place of abode) (If non-resident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of W B Dudley

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

7 AGE 69 yrs. 10 mos. 7 ds.

If less than 2 years state if breast fed: Yes No

If less than 1 day: hrs. mins.

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

9 BIRTHPLACE (State or country) Franklin Co

10 NAME OF FATHER John L James

11 BIRTHPLACE OF FATHER (State or country) Franklin Co

12 MAIDEN NAME OF MOTHER Martha Webb

13 BIRTHPLACE OF MOTHER (State or country) Elbert Co

14 THE ABOVE IS TRUE (Informant) mrs J J Phillips

(Address) Royston Ga.

15

Recorded 11/7 19 27 W W Phillips Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Oct 30 19 27

17 I HEREBY CERTIFY, That I attended deceased from 19 to 19

that I last saw h alive on 19

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

The CAUSE OF DEATH was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 1 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) E. L. Rodgers M. D.

(Address) Royston Ga. 11/5/27

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Royston Chapel

DATE: 19 27

20 UNDERTAKER: Weathers & Brock

ADDRESS: Royston Ga

PARENTS

THE FAMILY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.