CERTIFICATE OF DEATH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Statistics

Registered No. 1 1 1

1. PLACE OF DEATH

County Franklin Militia District (Number and Name) Big Creek 256 State of Georgia

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

Street and Number (No.) (Street) Bennett Ward

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

2. FULL NAME Mrs Jessie Mae Burrell

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. Single, Married, Widowed, Divorced (write the word): Married

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 19 | Months | Days 11 | If less than one day: Hours Minutes

8. OCCUPATION
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
(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): Ga.

FATHER
10. NAME: Jon. Manley
11. BIRTHPLACE (P. O. Address): Ga.

MOTHER
12. MAIDEN NAME: Catlins Slaugh
13. BIRTHPLACE (P. O. Address): Ga.

14. INFORMANT (Signed): Howard Burrell
(Address): Lavonia, Ga.

19. BURIAL PLACE (Cemetery): Pleasant Grove
(Postoffice): Lavonia Date

20. UNDERTAKER: Welch & Thomas
(Address): Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 28 1927 at M.
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from July 4 19 to July 28 19

I last saw h alive on 19 death 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:

Pellagra

Other contributory causes of importance:

Cystonephritis

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) J. R. Brown M.D.
(Address) Lavonia, Ga.

18. FILED Aug 0 19
(Signed) J. N. Welch
(Local Registrar)

Address Lavonia Ga