

1 Place of Death

BUREAU OF VITAL STATISTICS

REVISED

1912

County of FranklinMilitia District of Manleys Registration District No. 370Registered No. 88

City of _____ (No. _____ St.)

2 FULL NAME Elisha WilkinsonResidence, No. Rayston Ga. St. _____

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE Black 5 Single, Married, Widowed, or Divorced (write the word) Married6a If married, widowed, or divorced, HUSBAND or WIFE Emma Wilkinson6 DATE OF BIRTH, (Mo. da. yr.) 2-22-18827 AGE 26 yrs. If less than 2 years state if breast fed Yes No If less than 1 day hrs. mins. 19 ds.

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) Ga.10 NAME OF FATHER Jack Wilkinson11 BIRTHPLACE OF FATHER (State or country) Ga.12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER "14 THE ABOVE IS TRUE (Informant) Emma Wilkinson(Address) Rayston Ga.

15

Recorded May 10 1928 Geo M Parkes Registrar16 DATE OF DEATH Mar. 11 - 192817 I HEREBY CERTIFY, that I attended deceased from 3-0-28 to 3-11-28that I last saw him alive on 3-11-28

and that death occurred on the date stated above, at _____ The CAUSE OF DEATH was as follows: _____

Tuberculosisnoticed it first Sept 27, 1927

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) 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) H L McCary M. D.(Address) Rayston Ga.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

Hammy Grove Church 3/13 1928

20 UNDERTAKER ADDRESS

Joe L Cunningham Rayston Ga.Part www.georgiapioneers.com