

CERTIFICATE OF DEATH

GEORGIA STATE BOARD OF HEALTH

Bureau of Vital Statistics

STATE FILE NUMBER

1 PLACE OF DEATH

State—Georgia

County—Franklin

City or Town—Ashland

Militia District No. 1626

Registered No.

No. 45

St.

Ward

If death occurred in a hospital or institution, give its NAME (instead of street and number).

2 FULL NAME Martha A. Adeline Brady

(a) Residence

(Usual place of abode, street and number)

St. Mos. Co.

If NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed, or Divorced (write the word) Married

6a Name of Husband or Wife, if Married, Widowed or Divorced. A. S. Brady

6 DATE OF BIRTH (month, day and year)

7 AGE Years Months Days LESS than day... hrs. 68 5 5 or min.

8 OCCUPATION

(a) Trade, Profession or particular kind of work. Housekeeper
(b) General nature of Industry, Business or Establishment in which employed (for employer).

9 BIRTHPLACE

(State or Country) Ga

10 NAME

OF FATHER J. H. Quinn

11 BIRTHPLACE OF FATHER

(State or Country)

12 MAIDEN NAME

OF MOTHER M. Orest

13 BIRTHPLACE OF MOTHER

(State or Country) Ga

14 The Above is True to the Best of My Knowledge.

(Informant)

(Address)

15

Filed 2-27-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(month, day and year) Feb 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1925, to Feb 1st, 1925

that I last saw her alive on Feb 1, 1925

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

The CAUSE OF DEATH was as follows:

Labor Pneumonia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

M.D.

19 Place of Burial, Cremation, or Removal Date of Burial

Gordon's Chapel 2-3 1925

20 UNDERTAKER

Address