

STATE OF GEORGIA

1001

State of Georgia

Fulton
Atlanta
 Street and Number (No.) *577 English Ave* *N.W.* Ward *E 3*
 FULL NAME *Drury M. Jay Cherry*
 Residence (City & Town) *Atlanta* (Street and Number) *577 English Ave*

PERSONAL AND STATISTICAL PARTICULARS
 SEX *male* COLOR or RACE *white* Single, Married, Widowed, Divorced (write in word) *unmarried*

DATE OF BIRTH (month, day, year) *Nov 24-1830*
 Years *104* Months *2* Days *11* If less than one day
 Hours *10* Minutes *11*

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 (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

BIRTHPLACE *South Carolina*
 (P. O. Address)

10. NAME *Willie Cherry*
 11. BIRTHPLACE *S.C.*
 (P. O. Address)

12. MAIDEN NAME *Shirley Cherry*
 13. BIRTHPLACE *S.C.*
 (P. O. Address)

INFORMANT (Signed) *Drury M. Jay Cherry*
 (Address) *577 English Ave*

BURIAL PLACE *Shirley Church yard*
 (Cemetery) *Shirley Church yard*
 (Certificate) *Shirley Church yard*

UNDERSTANDING (Signed) *Drury M. Jay Cherry*
 (Address) *577 English Ave*

MEDICAL CERTIFICATE OF DEATH
 10. DATE OF DEATH *Feb 4 1938*
 (Month, Day, Year)
 11. HEREBY CERTIFY, That I attended the deceased from *Jan 10 1938* to *Feb 3 1938*
 I last saw him alive on *Feb 3 1938*
 It is said to have occurred on the *Feb 3 1938*

O.C.G.A. Chapter 31-10-26 and DHR Regulation 290-1-3-.3 prohibits the release of confidential medical information to except the next of kin and other authorized persons.

What test confirmed diagnosis?
 (Specify whether autopsy, coroner, 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 of county, and also the state)
 Did injury occur in a home, public place, or industry?
 Manner of injury
 Nature of injury
 (Signed) *W. J. Smith*
 (Address) *105 Forrest St*
 IS FILED *FEB 5-1938*
 (Signed) *W. J. Smith*
 (Local Registrar)

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the Authority of Chapter 31-10, Vital Records Code of Georgia.

Michael B. Lawrie
 State Vital Records
 Registrar and Custodian
 Director, Vital Records Service

County Custodian *Arne R. R.*
 Issued by *B. Smith* Date: *6/10/24*
 (Void without original signature and
 impression of seal)