GEORGIA STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

File No. — For State Registrar: 16785

S. T. & S. No. 11

1 PLACE OF DEATH.
County of Franklin
Militia District of Meadows
or
Inc. Town of
or
City of

Registration District No. 370
(For use of Local Registrar)

Registered No. 42
(For use of Local Registrar)

2 FULL NAME Nancy Elsom

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

Residence. No. St.
(Usual place of abode)
(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.
17 Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced (or) WIFE of W R. Elsom

6 DATE OF BIRTH, (No. da. yr.)

7 AGE 83 yrs. mos. ds.
If less than 1 year state if born alive 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) Madison Co
10 NAME OF FATHER Jno White
11 BIRTHPLACE OF FATHER (State or country) Madison Co
12 MAIDEN NAME OF MOTHER Polly Sims
13 BIRTHPLACE OF MOTHER (State or country) Madison

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Retta
(Address) Royston Ga

15 Filed 8-9- 1926 2711 Parks
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) Aug (Day) 8 (Year) 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1925 to Aug 8 1926
that I last saw her alive on Aug 8 1926,
and that death occurred, on the date stated above, at 2 p.m.

18 THE CAUSE OF DEATH was as follows:
Apoplexy
Senile Heart Disease
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Vascular Nephritis
(duration) yrs. mos. ds.

Where was disease contracted, if not at place of death
Did an operation precede death? Date of
Was there an autopsy? What test confirmed diagnosis?

(Signed) J. T. Patterson M. D.
(Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE
Franklin Springs Aug 10 1926

20 UNDERTAKER Weatherby & Brock
ADDRESS Royston Ga