1 Place of Death

BUREAU OF VITAL STATISTICS

F. E. D. V. S. FORM 12

County of Franklin

Militia District of Manleys Registration District No. 370 Registered No. 78

City of ______ (No. ______ St.)

2 FULL NAME Louisa Hayes

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

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ______

6 DATE OF BIRTH (Mo. da. yr.) Jan 31 1925

7 AGE 2 yrs. 10 mos. 26 ds. If less than 1 day ___ hrs. ___ mins.
If less than 2 years state if breast fed Yes ___ No ___

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) Appling Co Ga

PARENTS

10 NAME OF FATHER W A Hayes

11 BIRTHPLACE OF FATHER (State or country) Ga

12 MAIDEN NAME OF MOTHER Martha E Olbon

13 BIRTHPLACE OF MOTHER (State or country) Hart Co Ga

14 THE ABOVE IS TRUE
(Informant) W A Hayes
(Address) Canon Ga #3

15

Recorded Jan 9 1927 Geo M Parks Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 12 - 27 1927

17 I HEREBY CERTIFY, That I attended deceased from ______ 19__ to ______ 19__

that I last saw h___ alive on ______ 19__

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

There was no attending physician and Not sufficient data to learn Cause of death Geo M Parks LR

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ______

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted? ______

Did an operation precede death? ______ Date of ______

Was there an autopsy? ______ What test confirmed diagnosis? ______

(Signed) ______ M. D.

(Address) ______

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Canon Cemetery DATE 12/28 1927

20 UNDERTAKER Weatherly & Brock ADDRESS Royston Ga