GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE NO. FOR STATE REGISTRAR

BOYS 11

1 PLACE OF DEATH
COUNTY Franklin
MILITIA DISTRICT Bryants
TOWN OR CITY ____ No. ____ ST. REG. DIST. NO. 207 REGISTERED NO. ____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Henry Brown
RESIDENCE, CITY Lavonia Ga. No. ____ ST. ____
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
3 Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ dys. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ dys.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Male
5 COLOR OR RACE: Black
6 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word): Married
6a IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF ____
7 DATE OF BIRTH (MO. DY. YR.) ____
7 AGE: 71 yrs. ____ mos. ____ dys.
IF LESS THAN 2 YEARS: state if breast fed Yes ____ No ____
IF LESS than 1 day ____ hrs. ____ mins.
8 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: Farmer
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) ____
9 BIRTHPLACE (STATE OR COUNTRY): S C

PARENTS
10 NAME OF FATHER: Henry Brown Sr
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): S C
12 MAIDEN NAME OF MOTHER: Minnie Dooley
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(INFORMANT) Sudie Brown
(ADDRESS) Lavonia Ga

15 FILED 3-10 192[illegible] J H Wheeler
LOCAL REGISTRAR

MEDICAL PARTICULARS

16 DATE OF DEATH: Feb 4 192[illegible]
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 2-15 192[illegible] TO Feb 4 192[illegible]
THAT I LAST SAW HIM ALIVE ON Feb 16 192[illegible]
AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE
AT 3:30 P M. THE CAUSE OF DEATH WAS AS FOLLOWS:
Old Age With Hard Complications
(DURATION) ____ YRS. ____ MOS. ____ DYS.
CONTRIBUTORY (SECONDARY) ____
(DURATION) ____ YRS. ____ MOS. ____ DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? ____
DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____
WAS THERE AN AUTOPSY? ____ WHAT TEST CONFIRMED DIAG. ____
NOSIS? ____
(SIGNED) J M Freeman M. D.
3/5 192[illegible] (ADDRESS) Lavonia Ga.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Sanders Ferry Hall Co. DATE 3/6 192[illegible]
20 Adkins Williams Hartwell Ga
UNDERTAKER ADDRESS

In Deaths From Violent Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See Reverse Side for Additional Space.)

Medical Particulars must be signed by Physician, Coroner or Registrar.

www.georgiapioneers.com