1 Place of Death

BUREAU OF VITAL STATISTICS

County of Franklin 12

G. S. B. V. S. Form 12

Militia District of Middle R. Registration District No. Registered No.

City of (No. St.)

2 FULL NAME Edward Hill

Residence. No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word)

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

6 DATE OF BIRTH. (Mo. da. yr.)

7 AGE yrs. mos. 16 ds. 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 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Franklin Co

PARENTS

10 NAME OF FATHER Fred Hill

11 BIRTHPLACE OF FATHER (State or country) Franklin Co

12 MAIDEN NAME OF MOTHER Phillips

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

14 THE ABOVE IS TRUE

(Informant) Fred Hill

(Address) Royston Ga R 1

15 Filed Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 1/21 192[illegible]

17 I HEREBY CERTIFY, That I attended deceased from 6-1 192[illegible] to 6-21 192[illegible]

that I last saw h[illegible] alive on 6-12 192[illegible]

and that death occurred on the date stated above, at 4 a m

The CAUSE OF DEATH was as follows:

[illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis?

(Signed) J. O. McCrary

(Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Canon Ga DATE

20 UNDERTAKER [illegible] ADDRESS Ro[illegible]