

1. PLACE OF BIRTH		LOCAL REGISTRAR'S RECORD OF DEATH		GEORGIA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS		REG. NO. 12	
FRANKLIN CO.		COUNTY OF		1363		1363		3	
MIL. DIST. NO.		TOWN OR		CITY		ST. REG. DIST. NO.		REGISTERED NO.	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)									
2. FULL NAME Hiram Bennette									
RESIDENCE, CITY Canon, Ga RFD.									
3. LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE.)									
PERSONAL AND STATISTICAL PARTICULARS.									
4. SEX		5. COLOR OR RACE		6. SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD)		7. DATE OF DEATH			
Male		white		Married		Jan. 15, 1928			
8. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cra Bennette						17. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM			
9. DATE OF BIRTH, (MO.) DAY YEAR						192 TO 192			
10. AGE 54 YRS. 4 MOS. DYS.						THAT I LAST SAW H. ALIVE ON 192 AND			
IF LESS THAN 2 YEARS STATE IF BREAST FED YES NO IF LESS THAN 1 DAY YRS. MOS. DYS.						THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT M.			
11. OCCUPATION (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Farmer						THE CAUSE OF DEATH WAS			
(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)						Only saw him after death Dr F			
12. BIRTHPLACE (STATE OR COUNTRY) Ga.						18. DURATION OF DISEASE ONLY treatment, Don't know cause.			
13. NAME OF FATHER Bill Bennette						(DURATION) YRS. MOS. DYS.			
14. BIRTHPLACE OF FATHER (STATE OR COUNTRY) SC						CONTRIBUTORY (SECONDARY)			
15. MAIDEN NAME OF MOTHER Jane Duncan						(DURATION) YRS. MOS. DYS.			
16. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga.						WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?			
(4) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. P.P. Peeples						DID AN OPERATION PRECEDE DEATH? DATE OF			
(INFORMANT)						WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAG.			
(ADDRESS) Canon, Ga.						NOSIST			
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Canon, Ga. 1/16/28						(SIGNED) E.T. Poole, Lavonia, Ga. M. D.			
20. UNDERTAKER Weldon & Thomas, Lavonia, Ga.						192 (ADDRESS)			
1/16/28 J.C. Bowers, 60PY						DATE			
192						192			

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