1 Place of Death

BUREAU OF VITAL STATISTICS

County of Franklin 16

Militia District of Middle R Registration District No. 14 20 Registered No.

City of (No. St.)

Form 12

2 FULL NAME Harvey Lee Dowell

Residence. No. Royston Ga RFD 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: Male

4 COLOR OR RACE: White

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

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

6 DATE OF BIRTH (Mo. da. yr.): Mar 1913

7 AGE: 14 yrs. mos. 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): Farmer

9 BIRTHPLACE (State or country): Franklin

PARENTS

10 NAME OF FATHER: J H Dowell

11 BIRTHPLACE OF FATHER (State or country): Macon Co N C

12 MAIDEN NAME OF MOTHER: Beulah D

13 BIRTHPLACE OF MOTHER (State or country): Macon Co N C

14 THE ABOVE IS TRUE

(Informant) J. H. Dowell

(Address) Royston Ga R3

15

Recorded Oct 6 1927 W W [illegible] Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 4/22 1927

17 I HEREBY CERTIFY, That I attended deceased from April 15 1927 to April 18 1927

that I last saw h alive on April 18 1927

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

The CAUSE OF DEATH was as follows:

Dysentary

(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) F. J. McCrary, M. D.

(Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: [illegible] Church

DATE: 4/23 1927

20 UNDERTAKER: [illegible]

ADDRESS: Royston Ga