1 PLACE OF DEATH

COUNTY OF Franklin

MIL. DIST. No. 210

TOWN OR CITY ____ No ____ ST. REG. DIST. No. 210 REGISTERED No. 14

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

B. O. V. S. FORM 12

V3 1

2 FULL NAME William A Hopkins

RESIDENCE, CITY Carnesville Ga NO. 3 ST. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)

10 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD): Widower

6A IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF: Mrs W A Hopkins

DATE OF BIRTH: (MO.) Not known DAY 1 YEAR X

7 AGE About 94 YRS. 2 MOS. 2 DYS.

8 IF LESS THAN 2 YEARS (STATE IF BREAST FED) YES NO. IF LESS THAN 1 DAY HRS. MINS.

9 OCCUPATION
(A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: Farmer
(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER): X

PARENTS

BIRTHPLACE (STATE OR COUNTRY): South Carolina

10 NAME OF FATHER: John Hopkins

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): South Carolina

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) L C Hopkins

(ADDRESS) Carnesville Ga R 3

15 Jan 7 1927

MEDICAL PARTICULARS

16 DATE OF DEATH Oct 19 1927

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 1 1927 TO Oct 19 1927

THAT I LAST SAW H[illegible] ALIVE ON Oct 19 1927 AND

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 12 M.

THE CAUSE OF DEATH WAS Impaction of the bowels

Old Age

(DURATION) ____ YRS. ____ MOS. 12 Hours

CONTRIBUTORY (SECONDARY) Old age

(DURATION) ____ YRS. ____ MOS. ____ DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? H

DID AN OPERATION PRECEDE DEATH? X DATE OF X

WAS THERE AN AUTOPSY? X WHAT TEST CONFIRMED DIAGNOSIS? None

(SIGNED) Chas C Echols M. D.

Oct 19 1927 (ADDRESS) Carlton Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bald Spring Church DATE Oct 20 1927

20 UNDERTAKER Little Ward & Co ADDRESS Commerce Ga