BUREAU OF VITAL STATISTICS

FORM 12

1 Place of Death

County of Franklin

Militia District of Bryants Registration District No. 206 Registered No.

City of (No. St.)

2 FULL NAME Harrison Roberts

Residence. No. Lavonia Ga St.

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 Black

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

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

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

7 AGE 60 yrs. mos. ds. If less than 1 day hrs. min.

8 OCCUPATION Janitor

9 BIRTHPLACE (State or country) Ga

PARENTS

10 NAME OF FATHER Olin Roberts

11 BIRTHPLACE OF FATHER (State or country) Ga

12 MAIDEN NAME OF MOTHER Caroline Smith

13 BIRTHPLACE OF MOTHER (State or country) Ga

14 THE ABOVE IS TRUE

(Informant) Robert Simpson

(Address) Lavonia Ga

Recorded 5/10 1928 F H Holden Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH March 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to Mar 19 1928

that I last saw him alive on March 19 1928

and that death occurred on the date stated above, at 2 P.

The CAUSE OF DEATH was as follows:

Dropsy and Miocarditis

(duration) yrs. 3 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? What test confirmed diagnosis?

(Signed) Thos B Benner M. D.

(Address) Lavonia Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL New Light DATE 3/23 1928

20 UNDERTAKER W I Peek ADDRESS Anderson S.C.

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.