1 Place of Death

BUREAU OF VITAL STATISTICS

F. B. O. V. S. Form 12

County of Franklin 11

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

City of (No. St.)

2 FULL NAME Mrs M. C. James

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	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Merdie Lewis

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

7 AGE 64 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 Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Franklin

PARENTS

10 NAME OF FATHER George James

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Informant) J. F. James

(Address) Royston Ga

15

Recorded 7/10 19 27 W. E. Chenault Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 7 - 10 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14 1926 to June 10 1926

that I last saw h[illegible] alive on 7/10 1926

and that death occurred on the date stated above, at 1 a m.

The CAUSE OF DEATH was as follows:

Rheumatism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) 1/2 yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) Jos. L McCrary M. D.

(Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Pinewood Chapel DATE: 7/12 19

20 UNDERTAKER: Weatherly & Brock ADDRESS: Royston Ga