CERTIFICATE OF DEATH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

Registered No. 42

1. PLACE OF DEATH
County Paulding Militia District (Number and Name) Dallas 108th State of Georgia
City or Town Dallas Jr. Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No) No
Street and Number (No.) (Street) Ward
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs Josie Jones
Residence (City or Town) Dallas Ga (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR or RACE: White | 5. Single, Married, Widowed, Divorced (write the word): Widow

6. DATE OF BIRTH (month, day, year) 5/1/1856

7. AGE: Years 82 | Months 6 | Days 16 | If less than one day: Hours ____ Minutes ____

8. OCCUPATION
(a) Trade, profession or particular kind of work done, as spinner, surveyor, bookkeeper, etc. Domestic
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.
(c) Date deceased last worked at this occupation (month and year)
(d) Total years spent in this occupation

9. BIRTHPLACE (P. O. Address) Alabama

FATHER
10. NAME Smith
11. BIRTHPLACE (P. O. Address) Not Known

MOTHER
12. MAIDEN NAME Compton
13. BIRTHPLACE (P. O. Address) Not Known

14. INFORMANT
(Signed) L W Jones
(Address) Dallas Ga

15. BURIAL PLACE
(Cemetery) Mt Olivet
(Postoffice) Dallas Ga (Date) 11/19/38

20. UNDERTAKER
(Signed) Lee Hfw Co
(Address) Dallas Ga

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11/17/38 (Month, Day, Year) at 2-30 A M (Hour)

17. 18. I HEREBY CERTIFY, That I attended the deceased from 11/16/38 to 11/17/38

I last saw h alive on 11/17/38 death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:

Apoplexy

Other contributory causes of importance:

Hypostatic congestion

What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory or clinical)

If death was due to external causes (violence) fill in also the following:

Was injury an accident, suicide, or homicide? Accident

Where did injury occur? (Specify city or town, if outside of limits, the county, and also the state)

Did injury occur in a home, public place or industry?

Manner of injury

Nature of injury

(Signed) E T Anderson M. D.
(Address) Dallas Ga

19. FILED 11/19/38
(Signed) J H Lawrence (Local Registrar)

V. S.—4 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? ____ Where was disease contracted if not at place of death? ____