

BUREAU OF VITAL STATISTICS

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1 Place of Death

County of FranklinMilitia District of ManlyeRegistration District No. 370Registered No. 75City of Rayston

(No.

St.)

2 FULL NAME J M JordanResidence, No. Rayston Ga

St.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

da.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 Single, Married, Widowed, or Divorced (write the word) Married6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Belle Jordan6 DATE OF BIRTH, (Mo. da. yr.) 10-28-18537 AGE 74 yrs. If less than 1 day 16 da.8 OCCUPATION (a) Trade, profession or particular kind of work. Farmer & Liner

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Hart Co Ga10 NAME OF FATHER John W Jordan11 BIRTHPLACE OF FATHER (State or country) Franklin Co Ga12 MOTHER NAME OF MOTHER Fleming Burden13 BIRTHPLACE OF MOTHER (State or country) Hart Co Ga

14 THE ABOVE IS TRUE

(Informant) Mrs J M Jordan(Address) Rayston Ga

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Recorded 12-3 27 Geo W Parks

Registrar

14 DATE OF DEATH 11-14-192715 I HEREBY CERTIFY, That I attended deceased from 11-14-1927 and in full detailthat I last saw him alive on 11-14-1927

and that death occurred on the date stated above, at

The CAUSE OF DEATH was as follows:

Nitrot Insufficiency

CONTRIBUTORY (Secondary)

(duration) 304 yrs. mos. da.

16 Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) H L McBarry St. D.(Address) Rayston Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Rose Hill Cemetery 11-18-1927

19 UNDERTAKER

ADDRESS

Joe T Cunningham Rayston Ga