CERTIFICATE OF DEATH

State File No.

Custodian's No.

REGISTRAR: CHECK CERTIFICATE CAREFULLY

Revised December 1, 1958

1. BIRTH NO. — 1a. Middle Dist. No. — 1. NAME OF DECEASED (First) (Middle) (Last): (Type or Print) John Thomas Jones — 2. DATE OF DEATH (Month) (Day) (Year): 8 - 23 - 66

3. PLACE OF DEATH (County): Paulding — City or Town: Dallas, Ga. — In City Limits: Yes ☐ No ☐ — LENGTH OF STAY (in this place): LIFE — Name of Hosp. or Institution: — LENGTH OF STAY:

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): State: Georgia — County: Paulding — In City Limits: Yes ☐ No ☐ — City or Town: Dallas — LENGTH OF STAY (in this place): Life — Street Address or R.F.D. and Box No.: Rt. 3 - Dallas

5. SEX: M — 6. RACE: W — 7. BIRTHPLACE (State or foreign country): Georgia — CITIZEN OF WHAT COUNTRY?: U.S.A. — 13. IS RESIDENCE ON FARM? Yes ☑ No ☐ — 14. BURIAL ☐ REMOVAL ☐ CREMATION — DATE: Aug 24, 1966

8. DATE OF BIRTH: May 19, 1872 — 9. AGE (In years) Last Birthday: 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min. — NAME OF CEMETERY: High Steel Cem. — LOCATION (City or Town) (County) (State): Dallas Paulding Ga.

10. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ SEPARATED ☐ — If Married or Widowed Give Name of Spouse: Lucil Holland Jones — 17. EMBALMER'S SIGNATURE: Thelma F. Martin — LICENSE NO.: 1623

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — KIND OF BUSINESS OR INDUSTRY — 18. MORTICIAN: Martin Funeral Home

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No — (If yes, give war or dates of service) — SOCIAL SECURITY NO. — 19. MORTICIAN'S ADDRESS: Dallas, Ga.

15. FATHER'S NAME: Dorlin Jones — Relationship: Son — 20. INFORMANT: Hershel Jones

16. MOTHER'S MAIDEN NAME: Josie Smith — 21. INFORMANT'S ADDRESS: Dallas, Ga.

MEDICAL CERTIFICATION

22. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PLEASE PRINT — INTERVAL BETWEEN ONSET AND DEATH — DO NOT WRITE IN THIS SPACE

PART I. DEATH WAS CAUSED BY: DOCMIATE CAUSE (a) Cerebral Thrombo Occlusion — 3 hrs — 1. 2. 3. 4.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 yrs — 5. 6.

DUE TO (c)

PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a). — 23. AUTOPSY? Yes ☐ No ☐

24. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — INJURY OCCURRED While at Work ☐ Not While at Work ☐

(CITY OR TOWN) (COUNTY) (STATE) — TIME OF INJURY (Month) (Day) (Year) (Hour)

HOW DID INJURY OCCUR?

25. I hereby certify that I attended the deceased from 19__ to 19__ that I last saw the deceased alive on 19__ and that death occurred at __ m., from the causes and on the date stated above.

26. SIGNATURE: Henry L. Watson M.D. — Degree or Title — ADDRESS — DATE SIGNED

27. DATE REC'D BY LOCAL REG.: 8-25-66 — 28. REGISTRAR'S SIGNATURE: Frances L. Watson

ADM-3-3

Georgia Department of Public Health
Vital Records Service
Atlanta, Georgia 30334

JONES, John Thomas