

THIS IS A PERMANENT RECORD. (USE REVERSE SIDE FOR ADDITIONAL SPACE)

OR NON-CIVIL (SEE REVERSE SIDE FOR ADDITIONAL SPACE)

IN CASE OF VOLUNTARY CAUSE, STATE IF: (1) MEANS AND NATURE OF INJURY, AND (2) WHETHER ACCIDENTAL, SUICIDE,

LOCAL REGISTRAR'S RECORD OF DEATH  
GEORGIA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

NO. 12

1 PLACE OF DEATH

COUNTY OF Franklin

MIL. DIST. No. 264

TOWN OR CITY Carnesville

ST. REG. DIST. No. 264

REGISTERED No. 13

2 FULL NAME Keith Cannon

RESIDENCE, CITY Carnesville Ga

16 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED

NO. \_\_\_\_\_ ST. \_\_\_\_\_

(IF NOT NOW RESIDENT GIVE CITY OR TOWN AND STATE; HOW LONG IN U. S., IF FOREIGN BIRTH?)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 SINGLE single  
MARRIED  
WIDOWED  
DIVORCED (WRITE THE WORD)

16 DATE OF DEATH April 24

17 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM April 23 1928 TO April 24 1928

THAT I LAST SAW HIM ALIVE ON April 24 1928 AND

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE AT \_\_\_\_\_  
THE CAUSE OF DEATH WAS Premature

24 IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

6 DATE OF BIRTH, (MO.) April

DAY 23

YEAR 1928

7 AGE

IF LESS THAN 2 YEARS

YES \_\_\_\_\_ NO \_\_\_\_\_

IF LESS THAN 1 DAY 5 HRS \_\_\_\_\_

8 OCCUPATION

(A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK  
(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

(DURATION) \_\_\_\_\_

CONTRIBUTORY (SECONDARY)

(DURATION) \_\_\_\_\_

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAG. \_\_\_\_\_

NOBIST \_\_\_\_\_

(SIGNED) B. J. Smith M. D.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL 4-24 1928 (ADDRESS) Carnesville Ga

Fair View Church 4-24 1928

20 UNDERTAKER

M. J. South ADDRESS Carnesville Ga

FILED 5-1 1928 H. J. Ramsey

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