

COUNTY OF FranklinGEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICSMIL. DIST. NO. 244TOWN OR Cannville

CITY NO. _____

ST. REG. DIST. NO. 244REGISTERED NO. 41

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Sarah F. KelleyRESIDENCE, CITY Cannville

NO. _____

ST. _____

(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)
HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. MOE. DYS.18 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 17 YRS. 11 MOS. 8 DYS.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Single
MARRIED
WIDOWED
DIVORCED (WRITE THE WORD)6A IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6 DATE OF BIRTH, (MO.) Feb DAY 29 YEAR 18447 AGE 82 YRS. 3 MOS. 7 DYS.IF LESS THAN 2 YEARS IF LESS
STATE IF BREAST FED YES NO THAN 1 DAY YRS. MOS. DYS.

OCCUPATION

(A) TRADE, PROFESSION OR
PARTICULAR KIND OF WORK

(B) GENERAL NATURE OF INDUSTRY,

BUSINESS OR ESTABLISHMENT IN
WHICH EMPLOYED (OR EMPLOYER)8 BIRTHPLACE Franklin Co
(STATE OR COUNTRY)10 NAME OF FATHER William Kelley11 BIRTHPLACE South Carolina
OF FATHER
(STATE OR COUNTRY)12 MAIDEN NAME Sarah Frazier
OF MOTHER13 BIRTHPLACE South Carolina
OF MOTHER
(STATE OR COUNTRY)

4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) Marie Kelley(ADDRESS) Cannville Ga16 DATE OF DEATH Aug 7th17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
Aug 1 1927 TO Aug 7 1927THAT I LAST SAW HER ALIVE ON Aug 7 1927 AND
THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 109 M

THE CAUSE OF DEATH WAS

Cancer of nose(DURATION) 5 YRS. - MOS. - DYS.CONTRIBUTORY
(SECONDARY)

(DURATION) YRS. MOS. DYS.

WHERE WAS DISEASE CONTRACTED,
IF NOT AT PLACE OF DEATH?DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAG.

NOBIS?

(SIGNED) L. M. Parker M. D.Aug 20 1927 (ADDRESS) Cannville Ga19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE
Cross Road Church 8-8 192720 UNDERTAKER ADDRESS
B. D. Ginn Cannville Ga