BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

File

1 PLACE OF DEATH. County of Franklin
Militia District or Inc. Town of or City of Franklin

Registration District No. 210
(For use of Local Registrar)

Registered No. 9
(For use of Local Registrar)

2 FULL NAME Lewis Brewer

Residence. No. Carlton St (If death occurred in a Hospital or Institution give its NAME instead of street and number.)
(Usual place of abode) (If non-resident give city or town and State)
2a Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Brewer

6 DATE OF BIRTH, (Mo. da. yr.)

7 AGE 63 yrs. mos. ds.
If less than 2 years state if breast fed Yes No If less than 1 day hrs. mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Franklin Co Ga

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (State or country) Not Known

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Gholston

(Address) Martin Ga Rt 1

15 Filed Oct 11, 192 8 J H Mize
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 17 (Month) (Day) 192 8 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 192 8 to Sept 17, 192 8
that I last saw him alive on Sept 17, 192 8,
and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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 diagnosis? Y

(Signed) B F Smith, M. D.
Sept 17, 192 8 (Address) Gravesville Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: King Branch | DATE: 9 18 192 8

19 UNDERTAKER Dr Gholston | ADDRESS Martin Ga Rt 1