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

FORM 12 S. D. V. S.

1 PLACE OF DEATH
COUNTY OF Franklin
MIL. DIST. No. 210
TOWN OR CITY ____ No. ____ ST. REG. DIST. No. 210 REGISTERED No. 10
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Lizlie Bond
RESIDENCE, CITY Carnesville, Ga R.3 No. ____ ST. ____
18 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE) HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE Black
5 SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) Single
5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6 DATE OF BIRTH, (MO.) DAY YEAR
7 AGE 70 YRS. ____ MOS. ____ DYS.
8 IF LESS THAN 2 YEARS STATE IF BREAST FED YES ____ NO ____ IF LESS THAN 1 DAY ____ HRS. ____ MINS.
9 OCCUPATION (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK House helper (B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)
9 BIRTHPLACE (STATE OR COUNTRY) Green Co Ga

PARENTS

10 NAME OF FATHER ✓
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) ✓
12 MAIDEN NAME OF MOTHER Maria J McKewer
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Green Co Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) J. S. Bonds
(ADDRESS) Hull Ga
15 FILED Sept 6 1927 J C Mize L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH Sept 4 1927
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 1 1927 TO Sept 4 1927
THAT I LAST SAW HER ALIVE ON Aug 24 1927 AND
THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT ____ M.
THE CAUSE OF DEATH WAS Diabetis
(DURATION) Not known HRS. ____ DYS.
CONTRIBUTORY (SECONDARY) Emaciation
(DURATION) ____ YRS. ____ MOS. ____ DYS.
WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not known
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? Fehlings for Sugar
(SIGNED) Chas C Echols M. D.
Sept 6 1927 (ADDRESS) Oakland
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Melvin Bell DATE Sept 5 1927
20 UNDERTAKER Mack Pagan ADDRESS 185 Washington St Athens Ga

DEATH RECORD — INK—THIS IS A LEGAL RECORD. USE BLACK INK. AGE should be stated EXACTLY. Blank spaces should be left blank.

www.georgiapioneers.com