1 Place of Death

BUREAU OF VITAL STATISTICS

F.B.D.V.S. No. 12

County of Franklin

Militia District of Middle R Registration District No. Registered No.

City of (No. St.)

2 FULL NAME Leo F Phillips

Residence. No. St.

(Usual place of abode) (If non-resident give city or town and State)

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: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word)

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

6 DATE OF BIRTH, (Mo. da. yr.): July 16 day 1927

7 AGE: 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
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Franklin Co Ga

PARENTS

10 NAME OF FATHER: Leo F Phillips Sr

11 BIRTHPLACE OF FATHER (State or country): Franklin Co Ga

12 MAIDEN NAME OF MOTHER: Katie Phillips

13 BIRTHPLACE OF MOTHER (State or country): Franklin

14 THE ABOVE IS TRUE

(Informant): John F Phillips

(Address): Royston Ga.

15 Recorded Mar 5 1928 W W Phillips Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: 2/27/1928

17 I HEREBY CERTIFY, That I attended deceased from 2-8 1928 to 2-27 1928

that I last saw h[illegible] alive on 2-27 1928

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

If Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) H. L. Mallary, M. D.

(Address) Royston Ga.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE 1928

19 UNDERTAKER | ADDRESS

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