

CERTIFICATE OF DEATH GEORGIA STATE BOARD OF HEALTH Bureau of Vital Statistics

1 PLACE OF DEATH

State—Georgia

 County Franklin

City or Town _____

 Militia District No. 1686

 Registered No. 2

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME

 (a) Residence Ashland, Ga.

(Usual place of abode, street and number)

 Length of residence in city or town where death occurred 50 yrs.

If NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 Color or Race

white

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

widowed

5a Name of Husband or Wife, if Married, Widowed or Divorced.

W. E. Vickery (deceased)

 6 DATE OF BIRTH (month, day and year) July 20, 1877

7 AGE

Years

57

Months

11

Days

15

If LESS than

1 day, hrs. or min.

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) Georgia

10 NAME OF FATHER

unknown

11 BIRTHPLACE OF FATHER

 (State or Country) unknown

12 MAIDEN NAME OF MOTHER

Elizabeth Parker

13 BIRTHPLACE OF MOTHER

 (State or Country) Georgia

14 The Above is True to the Best of My Knowledge.

 (Informant) W. E. Vickery

 (Address) Ashland, Ga.

 Filed July 11, 1928

 Registrar H. B. Bellamy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

 (month, day and year) July 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from

June 20, 1928, to July 6, 1928

 that I last saw her alive on 11 a.m. July 6, 1928

 and that death occurred, on the date stated above at 11:30 a.m.

The CAUSE OF DEATH was as follows:

Heart failure +
paralysis
for more than a year

(duration) yrs. mos. ds.

 CONTRIBUTORY Bad health for more
than a year (duration) yrs. mos. ds.

 18 Where was disease contracted if not at place of death? at home

 Did an operation precede death? no Date of

 Was there an autopsy? no

What test confirmed diagnosis?

 (Signed) W. M. Parker, M.D.

 (Address) Ashland, Ga.

19 Place of Burial, Cremation, or Removal Date of Burial

Cross Roads 7-7, 1928

 20 UNDERTAKER Littlewood P. Co.

 Address Commerce, Ga.