

Copy for Ordinary

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

U. S. V. S.
12

1 PLACE OF DEATH

COUNTY OF Franklin

MIL. DIST. NO. 264

TOWN OR CITY Canon R.F.D.

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

ST. REG. DIST. NO.

REGISTERED NO. 8

2 FULL NAME Sarah Francis Massey

RESIDENCE, CITY Canon R.F.D.

10 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED

NO.

ST.

(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

CHILD

WIDOWED

DIVORCED (WRITE THE WORD)

MEDICAL PARTICULARS

6A IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

6 DATE OF BIRTH, (MO.)

DAY

YEAR

7 AGE

IF LESS THAN 2 YEARS

YES

IF LESS

THAN 1

YES

NO

IF LESS

THAN 1

YES

NO

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)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT)

(ADDRESS)

15

18 DATE OF DEATH

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

Dec. 31

1927

TO

Jan 4

THAT I LAST SAW HER ALIVE ON

Jan 3

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT

4 P.M.

THE CAUSE OF DEATH WAS

Enlarged Gland + choked

(DURATION)

YES

MO.

DAYS

CONTRIBUTORY (SECONDARY)

(DURATION)

YES

MO.

15

DAYS

WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? her home

DID AN OPERATION PRECEDE DEATH? no

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAG.

NOBIST

(SIGNED)

J. O. McCray

M. D.

1-30

1928

(ADDRESS)

Rayston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Liberty church

1-5

1928

20 UNDERTAKER

ADDRESS

Weatherly + Brock, Rayston

www.georgiapioneers.com

Feb 25 1928 H. G. Ramsey