1 Place of Death

County of Franklin

BUREAU OF VITAL STATISTICS

Militia District of Manleys Registration District No. 370

City of (No. St.) Registered No. 34

12

2 FULL NAME No Name

Residence. No. Brown's Hospital St.
(Usual place of abode)

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.
(If non-resident give city or town and State)

THIS IS A PERMANENT RECORD. WRITE PLAINLY WITH UNFADING BLACK INK

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

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

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

7 AGE If less than 1 years state if breast fed yrs. mos. ds. If less than 1 day 5 hrs. min.
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) Royston Ga

PARENTS

10 NAME OF FATHER Hubert Massey

11 BIRTHPLACE OF FATHER (State or country) Ga

12 MAIDEN NAME OF MOTHER Cordie Lee Saylors

13 BIRTHPLACE OF MOTHER (State or country) Ga

14 THE ABOVE IS TRUE

(Informant) Hubert Massey

(Address) Lavonia Ga

15

Recorded 3-8- 1928 J M Parks Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 13 1928 to 19

that I last saw Child only lived 5 hrs. alive on 19

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

The CAUSE OF DEATH was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? Yes Date of Feb 13 1928

Was there an autopsy? No What test confirmed diagnosis?

(Signed) Stewart D Brown M. D.

(Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Canon Ga | DATE 2-15 1928

20 UNDERTAKER Weldon + Thomas | ADDRESS Lavonia Ga