GEORGIA STATE BOARD OF HEALT.
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE NO. FOR STATE REGISTRAR

Form 11

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

2 FULL NAME Mrs L. O. Mauldin

RESIDENCE, CITY Lavonia Ga No. ____ ST. ____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

18 Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PARTICULARS
3 SEX Female; 4 COLOR OR RACE White; 5 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Married	16 DATE OF DEATH Dec 15 1927
5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec 15 1927, TO Dec 15 1927
6 DATE OF BIRTH, (MO. DY. YR.)	THAT I LAST SAW H~~is~~ ALIVE ON Dec 15 1927 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE,
7 AGE 37 yrs. ____ mos. ____ dys. IF LESS THAN 2 YEARS state if breast fed Yes ____ No ____ IF LESS than 1 day ____ hrs. ____ mins.	AT 7-8 M. THE CAUSE OF DEATH WAS AS FOLLOWS: applexy
8 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK — Domestic (b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)	(DURATION) ____ YRS. ____ MOS. ____ DYS.
9 BIRTHPLACE (STATE OR COUNTRY) Ga	CONTRIBUTORY (SECONDARY)
PARENTS 10 NAME OF FATHER Lot Dockins	(DURATION) ____ YRS. ____ MOS. ____ DYS.
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga	WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?
12 MAIDEN NAME OF MOTHER Lizzie Pane	DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga	WAS THERE AN AUTOPSY? ____ WHAT TEST CONFIRMED DIAGNOSIS?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (INFORMANT) L O Mauldin (ADDRESS) Lavonia Ga	(SIGNED) E T Poole M. D. 12-16 1927 (ADDRESS) Lavonia Ga
15 FILED 1-10 192_ F M Wilson LOCAL REGISTRAR	19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Grove DATE 12-16 1927
	20 Wilson & Thomas, Lavonia Ga UNDERTAKER ADDRESS

Left margin: ...Homicidal, ... Reverse Side for Additional Space.) ... Accidental, Sui...

Right margin: Medical Particulars must be signed by Physician, Coroner or Registrar.