1 PLACE OF DEATH

COUNTY OF Franklin

MIL. DIST. No. 264

TOWN OR CITY Carnesville No

IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.) ST. RES. DIST. No 264

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

STATE FILE No. 12

REGISTERED No. 18

2 FULL NAME Odell Mayfield

RESIDENCE, CITY Carnesville Ga NO ST

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

19 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. MOS. DYS. HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THIS WORD)

5a IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF

6 DATE OF BIRTH. (NO.) Feb DAY 3 YEAR 1891

7 AGE 37 YRS. 3 MOS. 7 DYS.

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 Day Lab

(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 Newt Mayfield

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Franklin co Ga.

12 MAIDEN NAME OF MOTHER Dora Mayfield

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Franklin co. Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) Otto Mayfield

(ADDRESS) Carnesville Ga

15 FILED 5-30 192 8 H. F. Rumsey L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH May 10

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 5-5 192 8 TO 5-8 192 8

THAT I LAST SAW H~~ass~~ ALIVE ON 5-8 192 8

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 5 a.m.

THE CAUSE OF DEATH WAS Tuberculosis

(DURATION) YRS. 4 or 5 MOS. DYS.

CONTRIBUTORY (SECONDARY)

(DURATION) YRS. MOS. DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAG. NOSIS?

(SIGNED) B.T. Smith M. D.

5-11 192 8 (ADDRESS) Carnesville Ga.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Union Grove DATE 5-11 192 8

20 UNDERTAKER Dr. Gholston ADDRESS Martin Ga R.F.D.