

CERTIFICATE OF DEATH

GEORGIA STATE BOARD OF HEALTH

Bureau of Vital Statistics

STATE FILE NUMBER

1 PLACE OF DEATH

State—Georgia.

County Franklin.

City or Town Lavonia, Ga.

Militia District No. 206

Registered No.

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give the NAME instead of street and number).

2 FULL NAME Morris Bratcher.

(a) Residence Lavonia, Ga.

(Usual place of abode, street and number)

Length of residence in city or town where death occurred

Yrs.

mon.

ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word). <u>Married.</u>
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5a Name of Husband or Wife, if Married, Widowed or Divorced.
Lois Bratcher,

6 DATE OF BIRTH (month, day and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
<u>61</u>		<u>11</u>	<u>27</u>	

8 OCCUPATION

(a) Trade, Profession or particular kind of work
(b) General nature of Industry Business or Establishment in which employed (or employer).

Machinist.

9 BIRTHPLACE

(State or Country)

S.C.

10 NAME

OF FATHER Capt Bratcher,

11 BIRTHPLACE OF FATHER

(State or Country)

Ga.

12 MAIDEN NAME

OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER

(State or Country)

Dont. Know.

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

(Informant) Wash Weaver.

(Address) Lavonia, Ga.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(month, day and year) July. 3. 1928

17 I HEREBY CERTIFY, That I attended deceased from June. 20. 1928, to June. 30. 1928

that I last saw him alive on June. 30. 1928

and that death occurred, on the date stated above at 11.A m.

The CAUSE OF DEATH was as follows:

(duration) ____ yrs. ____ mon. 30 ds.

CONTRIBUTORY

(Secondary)

(duration) ____ yrs. ____ mon. ____ ds.

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

at Home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos B. Bonner, M.D.

(Address) Lavonia, Ga,

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

Shoal Creek, 7/3/28 19

20 UNDERTAKER Weldon & Thomas..

Address Lavonia, Ga,

Filed 8/10, 1928

Registrar J. H. Weldon