1 PLACE OF DEATH

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE NO. FOR STATE REGISTRAR

COUNTY Franklin

MILITIA DISTRICT Bryants

TOWN OR CITY ____ No. ____ ST. REG. DIST. NO. 206 REGISTERED NO. ____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2 FULL NAME Mrs Jas McDaniel

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

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

3 SEX Femal

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6 DATE OF BIRTH, (MO. DY. YR.) Apr 14 - 1868

7 AGE 59 yrs. 7 mos. 27 dys.
IF LESS THAN 2 YEARS state if breast fed Yes ____ No ____ IF LESS than 1 day ____ hrs. ____ min.

8 OCCUPATION
(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Domestic
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) ____

PARENTS

9 BIRTHPLACE (STATE OR COUNTRY) Ga

10 NAME OF FATHER Joseph Ligon

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) S C

12 MAIDEN NAME OF MOTHER Lizzie Miller

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(INFORMANT) Mrs H. H. Bonner

(ADDRESS) Lavonia Ga

15 [illegible] LOCAL REGISTRAR

MEDICAL PARTICULARS

16 DATE OF DEATH Dec 11 192 7

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 1910 192 , TO Dec 11 192 7

THAT I LAST SAW her ALIVE ON Dec 11 192 7

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 7 A M. THE CAUSE OF DEATH WAS AS FOLLOWS:

Exophthalmic Goiter

(DURATION) 17 YRS. ____ MOS. ____ DYS.

CONTRIBUTORY (SECONDARY) ____

(DURATION) ____ YRS. ____ MOS. ____ DYS.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1917

WAS THERE AN AUTOPSY? Yes WHAT TEST CONFIRMED DIAGNOSIS? ____

(SIGNED) W H Conway M. D.

12-12 192 8 (ADDRESS) Lavonia Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Lavonia Ga DATE 12-12 192 7

20 Weldon & Thomas UNDERTAKER Lavonia Ga ADDRESS

(See Reverse Side for Additional Space.) ... nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal.

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