1 Place of Death

BUREAU OF VITAL STATISTICS

S. D. V. S. File No. 12

County of Franklin

Militia District of Hawkes Registration District No. 370 Registered No. 98

City of (No. St.)

2 FULL NAME Sallie Duncan Newborn

Residence. No. Hartwell Ga R 7 D

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

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 W C Newborn

6 DATE OF BIRTH, Mo., Da., Yr.: April 5 1880

7 AGE: 47 yrs. 3 mos. 14 ds. If less than 1 day hrs. mins.

If less than 2 years old Yes No

8 OCCUPATION (a) Trade, profession or particular kind of work: Housekeeper (b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Hart Co Ga

10 NAME OF FATHER: W C Duncan

11 BIRTHPLACE OF FATHER (State or country): Hart Co Ga

12 MAIDEN NAME OF MOTHER: Mary E Brown

13 BIRTHPLACE OF MOTHER (State or country): Hart Co Ga

PARENTS

14 THE ABOVE IS TRUE (Informant): Hailey Newborn

(Address): Hartwell Ga R 7 D.

15 Received 9-9 1928 Geo M Parks Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: July 19 1928

17 I HEREBY CERTIFY, That I attended deceased from July 9 1928 to July 19 1928

that I last saw her alive on July 19 1928

and that death occurred on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Poly Cystic Kidney

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary): Cholecystitis

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? yes Date of July 9 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: Big Cemetery Hart Co DATE 9-20 1928

20 UNDERTAKER: W C Page ADDRESS Hartwell Ga