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

FILE NO. FOR STATE REGISTRAR 10769

S.C.V.A. 511

1. PLACE OF DEATH
COUNTY Tarrisa
MILITIA DISTRICT Colwell
TOWN OR CITY ST. REG. DIST. NO. 980 REGISTERED NO. 7
No. ST. (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2. FULL NAME Mary Millsaps
RESIDENCE, CITY Pavis Ga No. ST. (OF 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 female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) widow
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Joseph Millsaps
7. DATE OF BIRTH (MO., DY., YR.) May 25 1843
AGE 81 yrs. 9 mos. 24 dys.
If LESS THAN 1 YEAR Yrs. ___ Mos. ___ If LESS than 1 day hrs. ___ min. ___
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) Georgia
10. NAME OF FATHER John Beaver
11. BIRTHPLACE OF FATHER (STATE OR COUNTRY) Georgia
12. MAIDEN NAME OF MOTHER Hankerson
13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Georgia
14. I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(INFORMANT) F. H. Millsaps
(ADDRESS) Pavis, Ga.
15. Date received April 15 1943 by Lee Patterson

MEDICAL PARTICULARS

16. DATE OF DEATH March 21 1943
17. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ___ 19__ TO ___ 19__
THAT I LAST SAW H__ ALIVE ON ___ 19__
AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT ___ H. THE CAUSE OF DEATH WAS AS FOLLOWS:
(a) Final disease or condition resulting in death
(DURATION) ___ YRS. ___ MOS. ___ DYS.
(b) CONTRIBUTORY (SECONDARY)
(DURATION) ___ YRS. ___ MOS. ___ DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ___ DATE OF
WAS THERE AN AUTOPSY? ___ WHAT TEST CONFIRMED DIAG.
SIGNED Lee Patterson L.R.
(ADDRESS) Millsaps Conn.
DATE OF BURIAL, CREMATION, OR REMOVAL March 23
CEMETERY
FUNERAL DIRECTOR