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

File No.—For State Registrar

1 PLACE OF DEATH.
County of Franklin
Militia District of Gumlog
or Inc. Town of Ashland
or City of

Registration District No. 210 (For use of Local Registrar)

Registered No. 6 (For use of Local Registrar)

2 FULL NAME Sarah America Mize

Residence. No. (Usual place of abode) St.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female; 4 COLOR OR RACE White; 5 Single, Married, Widowed, or Divorced (write the word) widowed	16 DATE OF DEATH (Month) 4 (Day) 14 192 8 (Year)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of J B Mize	17 I HEREBY CERTIFY, That I attended deceased from Mar 5 192 8, to Apr 14 192 8
6 DATE OF BIRTH, (Mo. da. yr.) Apr. 22 1855	that I last saw h er alive on Apr 14 192 8
7 AGE 72 yrs. 11 mos. 22 ds. If less than 2 years state if breast fed Yes No. If less than 1 day hrs. or mins.	and that death occurred, on the date stated above, at 3 a m.
8 OCCUPATION (a) Trade, profession or particular kind of work None (b) General nature of industry, business or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Heart disease
9 BIRTHPLACE (State or country) Georgia	(duration) yrs. mos. ds.
10 NAME OF FATHER Joel M Gumlog	CONTRIBUTORY (Secondary) Not known
11 BIRTHPLACE OF FATHER (State or country) Georgia	(duration) yrs. mos. ds.
12 MAIDEN NAME OF MOTHER Martha Parks	Where was disease contracted, if not at place of death
13 BIRTHPLACE OF MOTHER (State or country) Georgia	Did an operation precede death? no Date of
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) J C Mize	Was there an autopsy? no What test confirmed diagnosis?
(Address) Ashland Ga R 2	(Signed) W H Parker 192 (Address) M. D.
15 Filed May 19 192 8 J. C. Mize LOCAL REGISTRAR	19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bold Spring Cemetery DATE 4 15 192 8
	20 UNDERTAKER Littlefield Fur Co ADDRESS Commerce Ga

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. SEE REVERSE SIDE. ... should be stated EXACTLY. PHYSICIANS should ... AGE should be ... may be properly classified. Exact statement of OCCUPATION ...

PARENTS