GEORGIA STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

File No.—For State Registrar

S. V. O. S. No. 11

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

Registration District No. 1676
(For use of Local Registrar)

Registered No.
(For use of Local Registrar)

2 FULL NAME Ward Montgomery

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

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

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

How long in U. S., if of foreign birth? yrs. mos. ds.

18 Length of residence in city or town where death occurred yrs. 11 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH, (Mo. da. yr.) Jan. 26 1926

7 AGE 1 yrs. 10 mos. 1 ds.
If less than 1 year state if born ... No. ... If less than 1 day ... hrs. ... mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business or establishment in which employed (or employer):

PARENTS

9 BIRTHPLACE (State or country): Zanesville Ga

10 NAME OF FATHER: Judge Montgomery

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

12 MAIDEN NAME OF MOTHER: Annie Carson

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Judge Montgomery
(Address) Ashland Ga

15 Dec 1
Filed Nov 27 1927 H. L. Bellamy
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 27 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1927, to Nov 27, 1927, that I last saw him alive on Nov 26, 1927, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

Where was disease contracted, if not at place of death at home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis?

(Signed) W M Parker M. D.
Nov 27, 1927. (Address) Ashland Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Arnolds Chapel — DATE: 11/27 1927

20 UNDERTAKER — ADDRESS