GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

FILE No. FOR STATE REGISTRAR

B. O. V. S. FORM 11

1 PLACE OF DEATH
COUNTY Franklin
MIL. DIST. NO. Bryants
TOWN OR CITY ____ No. ____ ST. REG. DIST. No. 207 REGISTERED No. ____
(If death occurred in hospital or in institution, give its name instead of street and address)

2 FULL NAME Clora Maret
RESIDENCE, CITY Lavonia Ga No. ____ ST. ____
3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED ____ Yrs. ____ Mos. ____ Dys. In U. S. if Foreign Birth? ____ Yrs. ____ Mos. ____ Dys. (If not non-resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word)
Female	Black	Widowed

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

6 DATE OF BIRTH (MO.)	DAY.	YEAR

7 AGE 74 Yrs. ____ Mos. ____ Dys.
IF LESS THAN 1 YEARS IF LESS THAN 1 DAY
State if breast fed. Yes ____ No ____ 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) ____

BIRTHPLACE (State or County) SC

PARENTS

10 NAME OF FATHER Ben Parks
11 BIRTHPLACE OF FATHER (State or County) SC
12 MAIDEN NAME OF MOTHER Don't Know
13 BIRTHPLACE OF MOTHER (State or County) Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Luther Maret
(Address) Lavonia Ga

15 FILED 12/11 1927 J. H. Nelson R.

MEDICAL PARTICULARS

16 DATE OF DEATH Nov 23 1927

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM about 7 days 192__
AND I LAST SAW H__ ALIVE ON ____ 192__
AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT ____ M.
THE CAUSE OF DEATH WAS AS FOLLOWS: Arteriosclerosis Arteries old age
(DURATION) ____ YRS. ____ MOS. ____ DYS.
CONTRIBUTORY (Secondary) ____
(DURATION) ____ YRS. ____ MOS. ____ DYS.
WHERE DISEASE WAS CONTRACTED, IF NOT AT PLACE OF DEATH ____
DID OPERATION PRECEDE DEATH? ____ DATE OF ____
WAS THERE AN AUTOPSY? ____ WHAT TEST CONFIRMED DIAGNOSIS? ____
(SIGNED) J M Freeman M. D.
11/24 1927 (ADDRESS) Lavonia Ga

18 PLACE OF BURIAL, CREMATION OR REMOVAL New Light | DATE 12-24-27

19 UNDERTAKER A. D. Williams | ADDRESS Hartwell Ga

MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR.

(1) Means and Nature of Injury; (2) Whether Accidental, Suicide, or Homicide. (See Reverse Side for Additional Space.)