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

Copy

FILE NO. FOR STATE REGISTRAR

R.O.V.S. FORM 11

1 PLACE OF DEATH
COUNTY Franklin
MIL. DIST. NO. Wilborn
TOWN OR CITY
(IF DEATH OCCURRED IN HOSPITAL OR OTHER INSTITUTION, GIVE THE NAME INSTEAD OF STREET AND NUMBER) ST. RES. DIST. NO. 1377 REGISTERED NO. 6

2 FULL NAME Mrs Lula Bennett Morgan

RESIDENCE, CITY ... WARD ... ST.
(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)

10 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: 2 YRS. ... MOS. ... DYS. HOW LONG IN U.S., IF FOREIGN BORN? ... YRS. ... MOS. ... DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD): Married

5a IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR WIFE OF): Wm Morgan

6 DATE OF BIRTH (NO.): DAY ... YEAR

7 AGE: 37 YRS. ... MOS. ... DYS.
IF LESS THAN 2 YEARS: IF LESS THAN 1 DAY
STATE IF BORN IN FOR. YRS. ... MO.

8 OCCUPATION
(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: Housewife
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER): ... YRS. ...

9 BIRTHPLACE (STATE OR COUNTRY): Franklin Co

PARENTS

10 NAME OF FATHER: Ben Bennett
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): Franklin Co Ga
12 MAIDEN NAME OF MOTHER: Bennett
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Franklin Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT): Wm Morgan
(ADDRESS): Martin Ga

15 FILED: Sept 30 1918 S. H. Rogers

MEDICAL PARTICULARS

16 DATE OF DEATH: 9 23 1918

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM: 9/22 1918 TO 9/23 1918
AND I LAST SAW HIM ALIVE ON: 9/23 1918
AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE AT: 3 A.M.
THE CAUSE OF DEATH WAS AS FOLLOWS: Home labor
Im Puerperal

(DURATION): YRS. ... MOS. 12 hrs

CONTRIBUTORY (SECONDARY):
(DURATION): YRS. ... MOS. ... DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? ...

DID OPERATION PRECEDE DEATH? No DATE OF ...

WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? ...

(SIGNED) W. H. Lawson M. D.
1918 (ADDRESS) Martin, Ga

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Hunters Creek
DATE: 9/24 1918

20 UNDERTAKER: Clodfelter & Stovall
ADDRESS: Martin, Ga

www.georgiapioneers.com

WRITE UNFADING INK—THIS IS A PERMANENT RECORD

MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR