1 Place of Death

BUREAU OF VITAL STATISTICS

F. S. C. V. S. O. I. R. 12

County of Franklin

Militia District of Manley Registration District No. 370 Registered No. 73

City of (No. St.)

2 FULL NAME Dr F B Moss

Residence, No. Royston Ga St.

(Usual place of abode) (If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Agnes Moss

6 DATE OF BIRTH, (Mo. da. yr.) Mar 2d 1863

7 AGE 64 yrs. 6 mos. 4 da. If less than 1 day hrs. mins.

If less than 2 years state if breast fed Yes No

8 OCCUPATION (a) Trade, profession or particular kind of work: Practicing Physician (b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Banks Co.

PARENTS

10 NAME OF FATHER F B Moss

11 BIRTHPLACE OF FATHER (State or country) Georgia

12 MAIDEN NAME OF MOTHER Rebecca Stark

13 BIRTHPLACE OF MOTHER (State or country) S. C.

14 THE ABOVE IS TRUE (Informant) Mrs F B Moss

(Address) Royston Ga

15 [illegible] 27 [illegible] Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 9-24 1927

17 I HEREBY CERTIFY, That I attended deceased from April 1927, to 9-25- 1927, that I last saw h[illegible] alive on 9-24- 1927, and that death occurred on the date stated above, at 12- m.

The CAUSE OF DEATH was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Paralysis

(duration) 5 yrs. 6 mos. da.

18 Where was disease contracted?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis?

(Signed) H I Ridgway, M. D.

(Address) Royston

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Rosehill Cemetery DATE 9-25 1927

20 UNDERTAKER: Joe T Cunningham Royston Ga ADDRESS