

# CERTIFICATE OF DEATH

State File No.

1. NAME OF DECEASED (Full) Minnie (Middle) Sinyard (Last) Sinyard 2. DATE DEATH April 24 1970 (Year) 4 24 70 (Month) 4 24 70 (Day)

Ceriodian's No. 1578 (Year)

3. PLACE OF DEATH (County) Paulding  
 City or Town Dallas  
 Name of Street or Suburban Paulding Mem.  
 Length of Stay (in this place) 4 days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
 State Ga. County Paulding  
 City or Town Dallas Length of Stay (in this place) 20 Yrs.  
 Street Address or R.F.D. and Box No. Rt. 5

5. SEX F & RACE W 6. BIRTH PLACE (State or foreign country) Georgia 7. CITIZEN OF WHAT COUNTRY? U.S.  
 8. DATE OF BIRTH Nov. 1, 1885 9. AGE (in years) 84 10. YEARS OF UNDER 24 MOLS. None  
 11. MARRIED  NEVER MARRIED  12. MARRIED or WIDOWED Give NAME of Spouse Radford Sinyard  
 WIDOWED  DIVORCED  SEPARATED

13. US. RESIDENCE ON FAIRM? Yes  No  14. BURIAL REMOVAL  CREMATION  DATE April 25, 1970  
 NAME OF CEMETERY Bethany LOCATION (City or Town) (County) (State) Dallas, Paulding, Ga.  
 15. EMBALMER'S SIGNATURE Hubert A. Martin LICENSE NO. 1623

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife KIND OF BUSINESS OR INDUSTRY None  
 17. WAS DECEASED EVER IN U.S. ARMED FORCES? No SOCIAL SECURITY NO. None

18. MORTICIAN Hubert A. Martin  
 19. MORTICIAN'S ADDRESS 117 W. Memorial Dr. Dallas, Ga. 30132

18. FATHER'S NAME Robert Adair  
 19. MOTHER'S MAIDEN NAME Mary Jane Parson

20. INFORMANT Mrs. Hershel Jones Relationship Daughter  
 21. INFORMANT'S ADDRESS Hardee St. Dallas, Ga. 30132

22. CAUSE OF DEATH (Enter only one cause) Use list (a), (b), and (c). PLEASE PRINT  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary Thrombosis  
 (b) 2 days  
 (c) 2 days  
 DO NOT WRITE IN THIS SPACE

Conditions, if any, which gave rise above cause (a), (b), or (c) None  
 PART II. Other significant conditions contributing to death but not related to the terminal disease conditions given in Part I. (a) None  
 (b) None  
 (c) None  
 23. AUTOPSY? Yes  No

24. ACCIDENT  PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) None INJURY OCCURRED While at Work   
 SUICIDE  Not While at Work   
 HOMICIDE  (City or Town) (County) (State) None TIME OF INJURY None  
 HOW DID INJURY OCCUR? None

25. I hereby certify that I attended the deceased from 1962 to 4-24-70 that I last saw the deceased alive on 4-24-70 and that death occurred at 5:00 p.m. from the cause and on the date stated above.  
 26. SIGNATURE John W. Cunningham M.D. Degree of Title M.D.  
 27. SIGNATURE Betty Johnson DATE SIGNED 5/12/70

27. DATE REC'D BY LOCAL REG. 5/12/70 28. REGISTRAR'S SIGNATURE Betty Johnson  
 ADM 3-3 (12-1-70)

**SINYARD, Minnie**

REGISTRAR: CHECK CERTIFICATE CAREFULLY

Revised December 1, 1958

MEDICAL CERTIFICATION