1 PLACE OF DEATH

COUNTY Franklin

MILITIA DISTRICT 1656

TOWN OR CITY Commerce B.S.

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.) No. ST. REG. DIST. NO. REGISTERED NO.

2 FULL NAME Maria Neal

RESIDENCE, CITY Commerce, R.F.D. No. ST.

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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

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

FILE NO. FOR STATE REGISTRAR

Boys. FORM 11

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word): Single

6a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6 DATE OF BIRTH, (MO. DY. YR.) Dec 5 - 1912

7 AGE 15 yrs. 2 mos. 13 dys.
IF LESS THAN 2 YEARS state if breast fed Yes No
IF LESS than 1 day hrs. mins.

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

9 BIRTHPLACE (STATE OR COUNTRY) Georgia

10 NAME OF FATHER John W. Neal

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Georgia

12 MAIDEN NAME OF MOTHER Dixie Langford

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Georgia

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(INFORMANT) John W Neal

(ADDRESS) Commerce Ga

FILED Feb 13-1928 W. L. Bellamy LOCAL REGISTRAR

MEDICAL PARTICULARS

15 DATE OF DEATH Feb. 11 1928

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 11 1928, TO 192

THAT I LAST SAW H-- ALIVE ON Feb 11 192

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 3 P.M. THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Indigestion

Fever, saw or treated patient until called after hours indicating the date

(DURATION) YRS. MOS. DYS.

CONTRIBUTORY (SECONDARY) has never been a healthy child

(DURATION) YRS. MOS. DYS.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS

(SIGNED) W. M. Parker M. D.

192 (ADDRESS) Ashland Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Hebron Church DATE: 2-12 192

UNDERTAKER: Littlewood Fun. Co ADDRESS: Commerce Ga