

BUREAU OF VITAL STATISTICS

F. & C. V. S.
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12
M

1 Place of Death

County of FranklinMilitia District of MauleysRegistration District No. 370Registered No. 92

City of _____ (No. _____ St.)

2 FULL NAME Ottis Rampley

Residence, No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred

yes

mos.

ds.

(If non-resident give city or town and State)

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (print the word) Married6a If married, widowed, or divorced HUSBAND of Sadie McConnell (or) Wife of7 DATE OF BIRTH (Month, day, year) Dec. 18898 AGE 32 yrs. 6 mos. 15 ds. If less than 2 years state if breast fed Yes No hrs. mins.

9 OCCUPATION

(a) Trade, profession or particular kind of work County
(b) General nature of industry, business or establishment in which employed (for employer)10 BIRTHPLACE (State or country) Franklin Co Ga11 NAME OF FATHER Milton C Rampley12 BIRTHPLACE OF FATHER S.C.13 MAIDEN NAME OF MOTHER Leila Brandon14 BIRTHPLACE OF MOTHER Ga.

15 THE ABOVE IS TRUE

(Informant) B H Rampley(Address) Carnesville Ga16 6-9-28 Geo M Parks17 28 Geo M Parks18 28 Geo M Parks19 28 Geo M Parks

Registrar

MEDICAL PARTICULARS

14 DATE OF DEATH 3-23-2815 I HEREBY CERTIFY That I attended deceased from 3-18-28 to 3-23-28that I last saw him alive on 3-23-28

and that death occurred on the date stated above, at The CAUSE OF DEATH was as follows:

meningitisCONTRIBUTORY Gunshot wound in brain (duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? Yes Date of 3-21-28Was there an autopsy? Yes What test confirmed diagnosis?(Signed) S D Brown M. D.(Address) Payston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Cross Roads Church 3-24-28

20 UNDERTAKER

ADDRESS

Weatherly & Back Payston Ga

WEAVING BLACK INK—THIS IS A PERMANENT RECORD.

PARENTS