1 PLACE OF DEATH

COUNTY Franklin.

MIL. DIST. NO. Bryants.

TOWN OR CITY ______ No. ______ ST. REG. DIST. No. 206 REGISTERED No. ______

(If death occurred in hospital or in institution, give its name instead of street and address)

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

FILE No. FOR STATE REGISTRAR

B. O. V. S. FORM 11

2 FULL NAME Wilie Lee Morris Owens.

RESIDENCE, CITY ______ No. ______ ST. ______

3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED ______ Yrs. ______ Mos. ______ Dys. In U. S., if Foreign Birth? ______ Yrs. ______ Mos. ______ Dys. (If not non-resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) Single.

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of

6 DATE OF BIRTH, (MO.) ______ DAY ______ YEAR ______

7 AGE 3 Yrs. 4 Mos. 23 Dys. 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 None
(b) General nature of Industry Business or Establishment in which employed (or employer)

9 BIRTHPLACE (State or County) Ga.

PARENTS

10 NAME OF FATHER Dallas Owens.

11 BIRTHPLACE OF FATHER (State or County) Ga.

12 MAIDEN NAME OF MOTHER Sallie Allen.

13 BIRTHPLACE OF MOTHER (State or County) Ga.

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

(Informant) Dallas Owens.

(Address) Lavonia, Ga.

15 ______ L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH Oct. 21. 1927. 192

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 24 hours 192 TO ______ 192

AND I LAST SAW H ______ ALIVE ON 10/21 1927

AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT 11 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS: Diptheria

(DURATION) ______ YRS. ______ MOS. ______ DYS.

CONTRIBUTORY (Secondary)

(DURATION) ______ YRS. ______ MOS. ______ DYS.

WHERE DISEASE WAS CONTRACTED, IF NOT AT PLACE OF DEATH

DID OPERATION PRECEDE DEATH? ______ DATE OF ______

WAS THERE AN AUTOPSY? ______ WHAT TEST CONFIRMED DIAGNOSIS?

(SIGNED) J M Freeman M. D.

10/21 192 (ADDRESS) Lavonia Ga

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasent Grove. DATE 10.21/27 192

20 UNDERTAKER Weldon & Thomas. ADDRESS Lavonia, Ga..

(See Reverse Side for Additional Space.) ... Whether Accidental, Suicide, ... Hospital

N. B.—PARTICULARS MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTAR.