BUREAU OF VITAL STATISTICS

File No. 12

1 Place of Death

County of Franklin

Militia District of Danleys Registration District No. 370 Registered No. ~~7676~~ 77

City of (No. St.)

2 FULL NAME Mrs Lina Parker

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS
3 SEX female	4 COLOR OR RACE white	5 Single, Married, Widowed, or Divorced (write the word) widow	16 DATE OF DEATH 11-25 1927
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joel N Parker			17 I HEREBY CERTIFY, That I attended deceased from 11-24 1927 to 11-25 1927 that I last saw her alive on 11-25 1927
6 DATE OF BIRTH (Mo. da. yr.)			and that death occurred on the date stated above, at m. The CAUSE OF DEATH was as follows: Brights Disease
7 AGE 80 yrs. mos. ds. If less than 2 years state if breast fed Yes No	If less than 1 day hrs. mins.		(duration) 10 yrs. mos. ds.
8 OCCUPATION (a) Trade, profession or particular kind of work Domestic (b) General nature of Industry, business or establishment in which employed (or employer)			CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Franklin Co			18 Where was disease contracted?
PARENTS 10 NAME OF FATHER R A Neal			
11 BIRTHPLACE OF FATHER (State or country) Franklin Co			Did an operation precede death? no Date of
12 MAIDEN NAME OF MOTHER Nancy E King			Was there an autopsy? no What test confirmed diagnosis? Sympt
13 BIRTHPLACE OF MOTHER (State or country) Franklin Co			(Signed) J O McCrary M. D. (Address) Royston Ga
14 THE ABOVE IS TRUE (Informant) L N McWhorter (Address) Royston Ga			19 PLACE OF BURIAL, CREMATION, OR REMOVAL Rose Hill Cemetery DATE 11-26 1927
15 Filed ... J H McParks Registrar			20 UNDERTAKER Joe T Cunningham ADDRESS Royston Ga