1 Place of Death

County of Franklin

BUREAU OF VITAL STATISTICS

13

Militia District of Middle R Registration District No.

F. B. O. V. S. Form 12

City of (No. St.) Registered No.

2 FULL NAME Julia Ann Partain

Residence. No. (Usual place of abode) St. (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

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. B. Partain

6 DATE OF BIRTH (Mo. da. yr.)

7 AGE 66 yrs. mos. 23 ds. 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) Domestic

9 BIRTHPLACE (State or country) Franklin

PARENTS

10 NAME OF FATHER David Cromer

11 BIRTHPLACE OF FATHER (State or country) South C

12 MAIDEN NAME OF MOTHER Susie Ann Fowler

13 BIRTHPLACE OF MOTHER (State or country) Franklin

14 THE ABOVE IS TRUE

(Informant) Mr. S. C. Mealer

(Address) Royston Ga R 3.

Recorded 1/21 1927 W. W. Phillips Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH 1926

17 I HEREBY CERTIFY, That I attended deceased from 19 to 1926 that I last saw h alive on 19 and that death occurred on the date stated above, at m. The CAUSE OF DEATH was as follows:

No physician she dropped dead with paralysis this was her second stroke has not had a doctor with her in 2 years.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) M. D.

(Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Trinity church DATE 1/23 1926

20 UNDERTAKER Weatherly & Brock ADDRESS Royston Ga

RECORD WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.