

Franklin.

BUREAU OF VITAL STATISTICS

11

COUNTY Franklin.

STANDARD CERTIFICATE OF DEATH

MIL. DIST. NO. Bryanta.

206

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.)

2 FULL NAME Paul Heaton, Jr.

RESIDENCE, CITY No. ST. (If not non-resident give City or Town and State)

3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED Yes. Mon. Day. In U. S., if Foreign Birth? Yes. Mon. Day.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, DIVORCED. Single
(Write the word)

14 DATE OF DEATH Oct. 4, 1927.

7a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct. 4, 1927 TO Oct. 4, 1927

8 DATE OF BIRTH (MO.) DAY YEAR

AND I LAST SAW H 1m ALIVE ON Oct. 4, 1927.

9 AGE 2 Yrs. 2 Mos. 8 Dns. IF LESS THAN 2 YEARS IF LESS THAN 1 DAY

AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT 4A M

State if heart fed Yes No Hrs. Mins

THE CAUSE OF DEATH WAS AS FOLLOWS: Membranous Croup.

10 OCCUPATION None
(a) Trade, Profession or particular kind of work.
(b) General nature of Industry, Business or Establishment in which employed (or employer).

(DURATION) YES. MOS. DYS.

11 BIRTHPLACE (State or County) Ga.

CONTRIBUTORY (Secondary) (DURATION) YES. MOS. DYS.

12 NAME OF FATHER Not Legitimate.

WHERE DISEASE WAS CONTRACTED, IF NOT AT PLACE OF DEATH

13 BIRTHPLACE OF FATHER (State or County) None.

DID OPERATION PRECEDE DEATH? DATE OF

14 MAIDEN NAME OF MOTHER Nancy Heaton.

WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED

15 BIRTHPLACE OF MOTHER (State or County) Lavonia, Ga.

DIAGNOSIS T. B. Bonner, M.D.
(SIGNED) Lavonia, Ga. M. D.

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lavonia, Ga. DATE 10/5/27

(Informant) Jimm Heaton
(Address) Lavonia Ga

20 UNDERTAKER Weldon & Thomas. ADDRESS Lavonia, Ga.