

FILE REVERSE SIDE FOR ADDITIONAL SPACE

LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

NO. O. V. R.
12

1 PLACE OF DEATH
COUNTY OF Franklin
MIL. DIST. No. 264
TOWN OR CITY OF Carnesville R. & P.
ST. REG. DIST. No. 264 REGISTERED No. 25
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Mrs. Oddie Payne
RESIDENCE, CITY Carnesville R. & P.
13 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YES NO DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE; HOW LONG IN U. S., IF FOREIGN BIRTH? YES. NO. DYS.)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female 4 COLOR OR RACE white
5 SINGLE - MARRIED married
WIDOWED divorced (WRITE THE WORD)

6A IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF O. B. Payne

6 DATE OF BIRTH (M. D.) DAY YEAR
Sept. 10 3 1894

7 AGE 34 YRS. 5 MOS. 8 DYS.
IF LESS THAN 2 YEARS STATE IF BREAST FED YES NO IF LESS THAN 1 YEAR

8 OCCUPATION
(A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Housewife
(B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

9 BIRTHPLACE (STATE OR COUNTRY) Franklin co. Ga

10 NAME OF FATHER W. M. Dalrymple

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Franklin co. Ga

12 MAIDEN NAME OF MOTHER Sarah Power

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Franklin co. Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) J. B. Dalrymple

(ADDRESS) Barnesville Ga

MEDICAL PARTICULARS
16 DATE OF DEATH November 11 1928

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct 10 1928 TO Nov 11 1928
THAT I LAST SAW HER ALIVE ON Nov 10 1928 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 6 a. m.

THE CAUSE OF DEATH WAS acute nephritis
(DURATION) _____ YRS. _____ MOS. _____ DYS.

CONTRIBUTORY (SECONDARY) Heart trouble
(DURATION) _____ YRS. _____ MOS. _____ DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? _____

(SIGNED) C. T. Poole M. D.
11-15 1928 (ADDRESS) Lanonia Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE
New Bethel 11-12 1928

20 UNDERTAKER ADDRESS
B. P. Quinn Carnesville Ga

FILED Nov 15 1928 H. G. Runnsey L. R. B. P. Quinn Carnesville Ga

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