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

FILE NO. FOR STATE REGISTRAR

BOYS 11

1 PLACE OF DEATH
COUNTY Franklin.
MILITIA DISTRICT Bryants.
TOWN OR CITY ____ No. ____ ST. REG. DIST. NO 202
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.) REGISTERED NO. ____

2 FULL NAME Mrs Polly Bratcher,
RESIDENCE, CITY Lavonia Ga. No. ____ ST. ____
10 Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ dys. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female,
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word): Widowed.
6a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6 DATE OF BIRTH, (MO. DY. YR.)
7 AGE: 76 yrs. 11 mos. 29 dys.
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: Domestic
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) ____
9 BIRTHPLACE (STATE OR COUNTRY): Ga.

PARENTS

10 NAME OF FATHER: Dont Know.
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): Dont Know.
12 MAIDEN NAME OF MOTHER: Peggy Jorden.
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(INFORMANT) W. D. Jorden,
(ADDRESS) South Union, S.C.

FILED 8-10 1928 J H Weldon
LOCAL REGISTRAR

MEDICAL PARTICULARS

15 DATE OF DEATH: July. 2. 1928
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ____ 192 , TO ____ 192
THAT I LAST SAW H__ ALIVE ON ____ 192
AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE
AT ____ M. THE CAUSE OF DEATH WAS AS FOLLOWS: Ye Grippe
(DURATION) ____ YRS. ____ MOS. ____ DYS.
CONTRIBUTORY (SECONDARY) ____
(DURATION) ____ YRS. ____ MOS. ____ DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? ____
DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____
WAS THERE AN AUTOPSY? ____ WHAT TEST CONFIRMED DIAG. ____
NOSIS? ____
(SIGNED) J H Weldon L.R. M. D.
July 3 192 8 (ADDRESS) Lavonia Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE
Pleasant Grove, Ga. 7/2/28 192
20 Weldon & Thomas . Lavonia, Ga
UNDERTAKER ADDRESS