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

S. O. V. R. 12

1 PLACE OF DEATH
COUNTY OF Franklin
MIL. DIST. NO Bryants
TOWN OR CITY ___ NO ___ ST. REG. DIST. NO 206 REGISTERED NO ___
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Mrs Martha Teapleo

RESIDENCE, CITY Lavonia Ga NO ___ ST ___
(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)
HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. ___ MOS. ___ DYS. ___
2a LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. ___ MOS. ___ DYS. ___

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD): Widow
5a IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF ___
6 DATE OF BIRTH: (MO.) ___ DAY ___ YEAR ___
7 AGE: 57 YRS. ___ MOS. ___ DYS. ___
IF LESS THAN 2 YEARS: STATE IF BOREAU FED YES ___ NO ___
IF LESS THAN 1 DAY: ___ HRS. ___ MINS.
8 OCCUPATION
(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: Farming
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER): ___
9 BIRTHPLACE (STATE OR COUNTRY): Ga

PARENTS
10 NAME OF FATHER: Flodie Massy
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): SC
12 MAIDEN NAME OF MOTHER: Mealy Alexander
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ala

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) B J Massey
(ADDRESS) Lavonia Ga
15 ___
FILED 12-10 1928 J H Nelson L R

MEDICAL PARTICULARS

16 DATE OF DEATH: Nov 28 1928
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov 26 1928 TO Nov 28 1928
THAT I LAST SAW HER ALIVE ON Nov 28 1928 AND
THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 8 A M
THE CAUSE OF DEATH WAS Cerebral Apoplexy
(DURATION) ___ YRS. ___ MOS. 10 Hrs DYS.
CONTRIBUTORY (SECONDARY) Perhaps Nephritis I never treated her before death
(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 DIAG. NOSIS? Complete Paralysis
(SIGNED) J H Brown MD M. D.
11-28 1928 (ADDRESS) Lavonia Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Canon Ga DATE 11-28 1928
20 UNDERTAKER: Nelson & Thomas ADDRESS Lavonia Ga

(SEE REVERSE SIDE FOR ADDITIONAL SPACE.) (IN HOMICIDE, SUICIDE OR INJURY, GIVE DATE AND (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL)