1 Place of Death

# BUREAU OF VITAL STATISTICS

F.B.G.V.S. No. 12

County of Franklin

Militia District of Dudleyville Registration District No. 5 Registered No.

City of (No. 3 St.)

2 FULL NAME Infant of Mr & Mrs Phillips

Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

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

7 AGE yrs. mos. 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)

9 BIRTHPLACE (State or country) Franklin Co

PARENTS

10 NAME OF FATHER Lemuel Phillips

11 BIRTHPLACE OF FATHER (State or country) Franklin Co

12 MAIDEN NAME OF MOTHER Martha Pattee

13 BIRTHPLACE OF MOTHER (State or country) Franklin Co

14 THE ABOVE IS TRUE

Informant) W M Phillips

(Address) Royston Ga

Recorded 6/4 19 27 W.W. Phillips Registrar

## MEDICAL PARTICULARS

16 DATE OF DEATH 3-4 19 26

17 I HEREBY CERTIFY, That I attended deceased from 19 to 19

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:

Spasmodic Croup

(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) J C Tee Cleveland, M. D.

(Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Bethel Cemetery DATE 19

20 UNDERTAKER: A T Cunningham ADDRESS Royston Ga