

GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

FILE No.
FOR STATE REGISTRAR

E.O.V.S.

FORM

11

1 PLACE OF DEATH
COUNTY Franklin.
MIL. DIST. NO. orverts.

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 Wiser Rickston.
RESIDENCE, CITY Lavonia, Ga. R.F.D. No. ST.
3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED Yes Mon Dys. In U. S. If Foreign Birth? Yes Mon Dys.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 5 COLOR OR RACE black. 6 SINGLE, MARRIED, WIDOWED, DIVORCED. married. (Write the word)

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

8 DATE OF BIRTH. (MO.) DAY. YEAR

9 AGE 40 Yes Mon If LESS THAN 2 YEARS If LESS THAN 1 DAY Dys.

State if breast fed. Yes No Hrs. Mins.

10 OCCUPATION (a) Trade, Profession or particular kind of work housework. (b) General nature of Industry Business or Establishment in which employed (or employer)

BIRTHPLACE (State or County) Ga.

11 NAME OF FATHER Wk.

12 BIRTHPLACE OF FATHER (State or County) D.K.

13 MAIDEN NAME OF MOTHER Wk.

14 BIRTHPLACE OF MOTHER (State or County) D.K.

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tom needer.

(Address) Lavonia, Ga. R.F.D.

MEDICAL PARTICULARS

16 DATE OF DEATH Oct. 28. 1927.1

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM One day. TO

AND I LAST SAW H er ALIVE ON Oct. 28. 1927

AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT M.

THE CAUSE OF DEATH WAS AS FOLLOWS: Apoplexy.

(DURATION) 1 day YES. MOS. DYS.

CONTRIBUTORY (Secondary)

(DURATION) YES. MOS. DYS.

WHERE DISEASE WAS CONTRACTED, IF NOT AT PLACE OF DEATH

DID OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED

DIAGNOSIS?

(SIGNED) J.M. Freeman. M. D.

10/29/27 (ADDRESS) Lavonia, Ga.

18 PLACE OF BURIAL, CREMATION OR REMOVAL New Light. DATE 10/30/27

19 UNDERTAKER W.L. Peck. Anderson ADDRESS S.C.