1 PLACE OF DEATH

COUNTY Franklin

MIL. DIST. NO. Bryants.

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)

GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

FILE No. FOR STATE REGISTRAR

B. O. V. S. FORM 11

2 FULL NAME Miss Rosia Poole.

RESIDENCE, CITY No. ST.

3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED Yrs. Mos. Dys. In U. S., if Foreign Birth? Yrs. Mos. Dys. (If not non-resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female.

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word)

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of

6 DATE OF BIRTH, (MO.) DAY. YEAR

7 AGE Yrs. Mos. Dys. IF LESS THAN 1 DAY Hrs. Mins.

IF LESS THAN 2 YEARS State if breast fed. Yes No.

8 OCCUPATION

(a) Trade, Profession or particular kind of work None.

(b) General nature of Industry Business or Establishment in which employed (or employer)

9 BIRTHPLACE (State or County) Ga.

PARENTS

10 NAME OF FATHER William R Poole.

11 BIRTHPLACE OF FATHER (State or County) S.C.

12 MAIDEN NAME OF MOTHER Martha Cunningham.

13 BIRTHPLACE OF MOTHER (State or County) S.C.

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

(Informant) R. B. Poole.

(Address) Lavonia, Ga.

15 Filed 10/18 1927 [signature] Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Oct. 14. 1927

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 9/18. 1927 TO 10/11 /27, 192

AND I LAST SAW Her ALIVE ON 10/10/27. 192

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

Broken hip and old age.

(DURATION) YRS. MOS. DYS.

CONTRIBUTORY (Secondary)

(DURATION) YRS. 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) Dr J. M. Freeman. M. D.

10.18. 1927 (ADDRESS) Lavonia, Ga.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poole Cemetary DATE 10/15/27 192

20 UNDERTAKER Weldon & Thomas. ADDRESS Lavonia, Ga.

(See reverse side for Additional Space.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms.

MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR