

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

FILE No.
For State Registrar Only.

NO. 11

Place of Death
County of Frazer

Health District of Red Hills

Registration District No. 212

Registered No. 1

City of _____ (No. _____ St.)

Full Name Martha Susan Ellison

Residence No. _____ St. _____

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

SEX Female COLOR OR RACE White Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of James P. Ellison

DATE OF BIRTH (Mo. da. yr.) July 7 1841

AGE 87 yrs. mos. ds. 15 ds. If less than 2 years state if breast fed Yes No

OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer).

BIRTHPLACE (State or country) Ga

NAME OF FATHER Winston Whitworth

BIRTHPLACE OF FATHER (State or country) Ga

MAIDEN NAME OF MOTHER Susan L. Toal

BIRTHPLACE OF MOTHER (State or country) Ga

THE ABOVE IS TRUE

(Informant) Mr. W. D. Whiting Lafayette Ga

Filed July 1 1926 J. H. Whitworth Registrar

MEDICAL PARTICULARS

DATE OF DEATH Feb 22 1928

I HEREBY CERTIFY, That I attended deceased from that I last saw dead alive on Feb 21 1928

and that death occurred, on the date stated above, at 1 A. M.

THE CAUSE OF DEATH* was as follows: Pneumonia Right Side

(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 no What test confirmed diagnosis?

(Signed) B. T. Smith M. D.

19 (Address) Cornville, Ga

PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

Ellison Cem.

2-24 1926

20 UNDERTAKER

Nelson & Thomas

ADDRESS

Lafayette Ga

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