

BUREAU OF VITAL STATISTICS

1 Place of Death

County of FranklinMilitia District of Mauleys Registration District No. 370Registered No. 97

City of _____ (No. _____ St.)

2 FULL NAME

Joseph Pylant

Residence, No. _____ St. _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (within the year) Married6a If married, widowed, or divorced, name of (or) WIFE of Sarah Pylant7 DATE OF BIRTH, (Mo. Yr.) Jan 18758 AGE 33 yrs. If less than 2 years state if breast fed Yes No

9 If less than 1 day Yes No

10 OCCUPATION (a) Trade, profession or occupation; kind of work Butcher

(b) General nature of industry, business or establishment in which employed (for employer)

11 BIRTHPLACE (State or country) S.C.12 NAME OF FATHER J. T. Pylant13 BIRTHPLACE OF FATHER (State or country) S.C.14 MOTHER'S NAME Don't know

15 BIRTHPLACE OF MOTHER _____

16 THE ABOVE IS TRUE (Informant) Carl S. PylantAddress 25 Pine St. N.E. Atlanta GaSignature 9-9-28 G.M. Parks Registrar14 DATE OF DEATH Aug. 19 192815 I HEREBY CERTIFY, That I attended deceased from Aug. 17-1928 to Aug. 19 1928that I last saw him alive on Aug. 17 1928and that death occurred on the date stated above, at 12:20 P.M.

THE CAUSE OF DEATH was as follows:

Heart failureHemorrhageCONTRIBUTORS (Secondary) Gunshot WoundHemorrhage17 Where was disease contracted? Heart failure18 Was there an operation previous death? No Date of _____Was there an autopsy? No What test confirmed diagnosis? _____(Signed) J. O. McCrary M. D.(Address) Raytown Ga19 PLACE OF BURIAL, CREMATION, OR REMOVAL Sardis Cemetery DATE 8-21-2820 UNDERTAKER Joe J. Cunningham ADDRESS Raytown Ga