LOCAL REGISTRAR'S COPY CERTIFICATE OF DEATH GEORGIA STATE BOARD OF HEALTH

1 PLACE OF DEATH

	STATE PILE NUMBER	_
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	HAT STATE FILE NUMBER
State Georgia. County Fragesham Cog	Militia District No. 370 Registered No. 44
City or Town Taylor an Ja No.	of in a hospital or institution, give its NAME instead of street and number).
FULL NAME MALLEN	
(a) Residence (Usual place of food street and number) Length of residence in city or town word death occurred gre.	mos. ds. If NON-RESIDENT give city or town and state of residence,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX 4 Color or toto Nucle, Married, Widowed, or Divorced (write the word).	(month, day and year) // / 9
Name of Husband or Wife, if Marria, Widowed or Divocced.	17 I HEREBY CERTIFY, That I attended deceased from
In A soll	19-1- 1928 to 11-11- 1928
DATE OF BIRTH (month, day and lear)	that I last saw heise alive on / / / / 1928
GE Years Manths Hare 1 Items then	and that death occurred, on the date stated above at 8 ft. m.
Many georgis	The CAUSE OF DEATH was as follows:
CCUPATION a) Trade, Profession or b) General nature of Industry lasions or Establishment in Thick small-you (or employer)	pioneers.com
RTHPLACE (State or Country)	(duration) yrs mos. // ds
AME F FATHER	(duration) yrs, mos, ds
IRTHPLACE OF FATHER	18 Where was disease contracted if not at place of death?
AIDEN NAME F MOTHER FOR THE SECOND	Did an operation precede death? Lot Date of Was there an autopsy?
IRTHPLACE OF MOTHER CLASSICAL (%)	What test confirmed diagnosis Fleredry
he Above is True to the Best of My Knowledge.	(Signed) January , M.D.
informant) Cheler Seatt	(Address) rasslan ta
Address) Soystan Sta	19 Place of Burial, Cremation, or Removal Date of Burial
	Campbell & Kell 11-20152
led /	20 UNDERTAKER Das T. Commence
ogistrar Jala Blockywin J.P.	Address Baryter Hol