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

Copy to obituary

FILE No. FOR STATE REGISTRAR

R.G.V.S. FORM 11

1 PLACE OF DEATH
COUNTY Franklin
MIL. DIST. NO. 1377
TOWN OR CITY ... No. ... ST. REG. DIST. No. 1377 REGISTERED No. 4
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2 FULL NAME Mandy Ramsey

RESIDENCE, CITY ... No. ... ST. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED ... YRS. ... MOS. ... DYS. HOW LONG IN U.S., IF FOREIGN BIRTH? ... YRS. ... MOS. ... DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Negro
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6 DATE OF BIRTH (MO.) year 1886 DAY ... YEAR ...
7 AGE 42 YRS. ... MOS. ... DYS. IF LESS THAN 1 DAY ... HRS. ... MIN. IF LESS THAN 2 YEARS ... STATE IF BREAST FED: YES ... NO ...
8 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: Housekeeper
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)
9 BIRTHPLACE (STATE OR COUNTRY): Ga

PARENTS
10 NAME OF FATHER: Ross Ramsey
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): Ga
12 MAIDEN NAME OF MOTHER: Eveline Banks
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) Jim Ramsey
(ADDRESS) Martin Ga

15 FILED June 30 1928 G H Dean

MEDICAL PARTICULARS

16 DATE OF DEATH April 1st 1928
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM March 15 1928 TO April 1st 1928
AND I LAST SAW H... ALIVE ON ... 192...
AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE AT ... M.
THE CAUSE OF DEATH WAS AS FOLLOWS: Pulmonary T.B.

(DURATION) Don't know ... YRS. ... MOS. ... DYS.
CONTRIBUTORY (SECONDARY)
(DURATION) ... YRS. ... MOS. ... DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? Don't Know
DID OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ... WHAT TEST CONFIRMED DIAGNOSIS?
(SIGNED) W. H. Swain M.D.
... 192... (ADDRESS) Martin Ga

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Broad River DATE April 2 1928
20 UNDERTAKER: Chs. Yates & Wood ADDRESS Martin Ga

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... should state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal (See Reverse Side for Additional Space)

MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR.