CERTIFICATE OF DEATH

State File No. 5-202

BIRTH NO. Radford Militia Dist. No. 321 Sinyard Custodian's No.

1. NAME OF DECEASED (First) Radford (Middle) F. (Last) Sinyard (Type or Print)

2. DATE OF DEATH (Month) Feb. (Day) 28. (Year) 1963

3. PLACE OF DEATH (County) Baldwin

City or Town Milledgeville | In City Limits Yes ☐ No ☐ X | LENGTH OF STAY (in this place)

Name of Hosp. or Institution Milledgeville State Hospital | LENGTH OF STAY 2-20-63

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admi

State Ga. County Paulding

City or Town Dallas | In City Limits Yes ☐ No ☐ | LENGTH OF STAY (in this pl

Street Address or R.F.D. and Box No.

5. SEX M | 6. RACE W | 7. BIRTHPLACE (State or foreign country) D/C | CITIZEN OF WHAT COUNTRY? U.S.A.

15. IS RESIDENCE ON FARM? Yes ☐ No ☐ D/C | 16. BURIAL REMOVAL CREMATION ☐ DATE 2-28-63

8. DATE OF BIRTH D/C | 9. AGE (In years) Last birthday 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

NAME OF CEMETERY D/C | LOCATION (City or Town) (County) (Sta Dallas Paulding

10. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐ D/C | If Married or Widowed Give Name of Spouse D/C

17. EMBALMER'S SIGNATURE E.H. Langford | LICENSE NO. 587

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient | KIND OF BUSINESS OR INDUSTRY D/C

18. MORTICIAN Martin & Home

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) D/C (If yes, give war or dates of service) D/C | SOCIAL SECURITY NO. D/C

19. MORTICIAN'S ADDRESS Dallas, Ga

13. FATHER'S NAME D/C

20. INFORMANT Records M.S.H. Relationship

14. MOTHER'S MAIDEN NAME D/C

21. INFORMANT'S ADDRESS Milledgeville Ga

MEDICAL CERTIFICATION

22. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PLEASE PRINT

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEMONIA | INTERVAL BETWEEN ONSET AND DEATH | DO NOT WRITE IN THIS SPA 1. 2. 3. 4.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) A. S. C. V. D | 5. 6.

DUE TO (c)

PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a) | 23. AUTOPSY Yes ☐ No ☐

24. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | INJURY OCCURRED While at Work ☐ Not While at Work ☐

(CITY OR TOWN) (COUNTY) (STATE) | TIME OF INJURY (Month) (Day) (Year) (Hour)

HOW DID INJURY OCCUR?

25. I hereby certify that I attended the deceased from 2-20 19 63 to 2-28 19 63, that I last saw the dece alive on 2-28 19 63, and death occurred at 1.30 P.M., from the causes and on the date stated ab

26. SIGNATURE Jose Bofill Degree or Jose Bofill M.D

ADDRESS M. S. H. | DATE SIGNED 3-1-6

27. DATE REC'D BY LOCAL REG. 3-6-63 | 28. REGISTRAR'S SIGNATURE Mrs Mary R Green

Georgia Department of Public Health Vital Records Service Atlanta 3, Georgia ADM-5.3

Milledgeville Ga

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Radford F. Sinyard 1963

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