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

FILE NO.
FOR STATE REGISTRAR

ROVS FORM 11

1 PLACE OF DEATH
COUNTY Irwin
MILITIA DISTRICT Ocilla
TOWN OR CITY ..... No. ..... ST. REG. DIST. NO. 52
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.) REGISTERED NO. 11

2 FULL NAME Robert Ayles
RESIDENCE, CITY Ashland Ga. No. R 1 ST.
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
How long in U. S. if of foreign birth? yrs. mos. dys.
18 Length of residence in city or town where death occurred yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Married

6a IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs Dora Ayles

6 DATE OF BIRTH, (MO. DY. YR.)

7 AGE 56 yrs. mos. dys.
IF LESS THAN 2 YEARS state if brought to Yes No
IF LESS than 1 day hrs. min.

8 OCCUPATION
(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Farmer
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

9 BIRTHPLACE (STATE OR COUNTRY) Irwin Co Ga

PARENTS

10 NAME OF FATHER W C Ayles
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga
12 MAIDEN NAME OF MOTHER Millie Ayles
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(INFORMANT) J W Ayles
(ADDRESS) Cantrell Ga

15 FILED 5/22 1925 J C Dalrymple
LOCAL REGISTRAR

MEDICAL PARTICULARS

16 DATE OF DEATH May 21 1925

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ..... 192 , TO 192
THAT I LAST SAW H.... ALIVE ON 192
AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE.
AT 2 P M. THE CAUSE OF DEATH WAS AS FOLLOWS:
Erysipelas
Con Electrical Shock
(DURATION) ..... YRS. ..... MOS. ..... DYS.
CONTRIBUTORY (SECONDARY) .....
(DURATION) ..... YRS. ..... MOS. ..... DYS.
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? ..... WHAT TEST CONFIRMED DIAG. NOSIS? J C Dalrymple M D
(SIGNED) Cantrell Ga M. D
192 (ADDRESS)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Double Churches DATE 5/22 192

20 R D Lucas Cantrell Ga
UNDERTAKER ADDRESS

Medical Particulars must be signed by Physician, Coroner or Registrar.

(Use Reverse Side for Additional Space.) (2) Whether Accidental, Sui.