

GEORGIA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

 COUNTY OF Franklin

 MIL. DIST. NO. Chertsville
 TOWN Carrollville

 OR Carrollville NO. _____ ST. REG. DIST. NO. 264 REGISTERED NO. 40
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

 2 FULL NAME Winford Roach

 RESIDENCE, CITY Carrollville R.F.D. NO. 1 ST. _____
 (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 (IF LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED) YRS. MOS. DYS. (HOW LONG IN U. S. IF FOREIGN BIRTH) YRS. MOS. DYS.

 3 SEX Male 4 COLOR OR RACE White 5 SINGLE Single
 MARRIED _____ WIDOWED _____ DIVORCED _____
 (WRITE THE WORD)

 18 DATE OF DEATH Aug 21 1927

 6A IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____ (OR) WIFE OF _____

 19 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 10 1927 TO July 10 1927
 THAT I LAST SAW HIM ALIVE ON July 10 1927 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE AT 11 9 M.
 THE CAUSE OF DEATH WAS Cancer of Lids. This diagnosis is doubtful as I never saw patient but one time

 6 DATE OF BIRTH, (MO.) DAY YEAR
May 2 1923

 7 AGE 4 YRS. 4 MOS. 19 DYS.
 IF LESS THAN 2 YEARS STATE IF BREAST FED YES _____ NO _____ IF LESS THAN 1 DAY _____ HRS _____ MINS _____

 CONTRIBUTORY (SECONDARY) _____
 (DURATION) _____ YRS. _____ MOS. _____ DYS.

 OCCUPATION (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK _____
 (B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) _____

 8 BIRTHPLACE (STATE OR COUNTRY) Franklin Co Ga

 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? _____

 10 NAME OF FATHER Boyd Roach

 11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Franklin Co

 12 MAIDEN NAME OF MOTHER Deda Atkinson

 13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Franklin Co

 (SIGNED) D. P. Smith M. D.
Aug 22 1927 (ADDRESS) Carrollville Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (INFORMANT) Boyd Roach

 19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE
Henters Creek 8-22-1927

 (ADDRESS) Carrollville Ga

 20 UNDERTAKER ADDRESS
D. D. Gunn Carrollville Ga