GEORGIA STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

File No.—For State Registrar

A. T. o. s. 11

1 PLACE OF DEATH.
County of Franklin
Militia District of Lavonia
or
Inc. Town of
or
City of

Registration District No.
(For use of Local Registrar)

Registered No. 9
(For use of Local Registrars)

2 FULL NAME Leo William Roberts

(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

Residence. No. St.
(Usual place of abode)
(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

19 Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Dec 2-1927

6 DATE OF BIRTH, (Mo. da. yr.)

7 AGE yrs. mos. 17 ds.
If less than 2 years state if breast fed Yes No If less than 1 day hrs. mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business or establishment in which employed (or employer)

PARENTS

9 BIRTHPLACE (State or country) Ga

10 NAME OF FATHER Leo Roberts

11 BIRTHPLACE OF FATHER (State or country) Ga

12 MAIDEN NAME OF MOTHER Ella Gibson

13 BIRTHPLACE OF MOTHER (State or country) Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Roberts

(Address) Oakland Ga

15 Filed 10-20 1927 J C Dalrymple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 19 1927
(Month) (Day) (Year)

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 11 30 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? ..... What test confirmed diagnosis? .....

(Signed) J C Dalrymple M. D.

192... (Address) Carlton Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE

Union Grove — 10 20 1927

20 UNDERTAKER — ADDRESS

Flynt