

1 Place of Death
County of Tredwell

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

FILE No.
For State Registrar Only.

NO. 11

11

MILWA District of Red Hill Registration District No. 212 Registered No. 11

City of _____ (No. _____ St.)

2 FULL NAME Robert Ayers

Residence No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Negro 5 Single, Married, Widowed, or Divorced (write the word) Widowed
6a If married, widowed, or divorced HUSBAND of (or) WIFE of Ricea Ayers

6 DATE OF BIRTH, (Mo. ds. yr.) _____

7 AGE 76 yrs. If less than 3 years state if breast fed Yes _____ No _____ hrs. mins.

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

9 BIRTHPLACE (State or country) La

10 NAME OF FATHER D R Illegitimate

11 BIRTHPLACE OF FATHER (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE (Informant) J. S. Rivers

(Address) Martin Ave. A'

15 Filed July 28 1928 J. H. McInerney Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH July 17 1928
17 I HEREBY CERTIFY, That I attended deceased from _____ that I last saw him _____ alive on _____ 19____

and that death occurred, on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:

Lee Fowler held for Murder by Coroner
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

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

18 Where was disease contracted? _____

Did an operation precede death? No Date of _____

Was there an autopsy No What test confirmed diagnosis? _____

(Signed) T. G. Hall Deputy Coroner M. D.

19 (Address) Cornwallis Ave

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE Chapel Hill 6-18 1928

20 UNDERTAKER B. L. Patten ADDRESS Morton Cal