

CERTIFICATE OF DEATH

29154

State File No. 9-1039
Custodian's No. 9-1039

BIRTH NO. _____ MEDIA Dist. No. _____
1. NAME OF DECEASED a. (First) ROSCOE b. (Middle) L. c. (Last) BURCH **1. DATE OF DEATH** (Month) (Day) (Year)
 (Type as Print) **ROSCOE** **L.** **BURCH** **Dec. 7, 1959**
1. Place of Death _____ **2. Usual Residence (Where deceased lived. If institution, residence before admission)**
 County Baldwin City or Town Milledgeville State Georgia County Baldwin
 City or Town Milledgeville In City Limits Yes No **LENGTH OF STAY (in this place)** _____
 City or Town Milledgeville In City Limits Yes No **LENGTH OF STAY (in this place)** _____

3. Name of Hosp. or Institution Baldwin County Hospital **4. Street Address or R. F. D. and Box No.** S. Wilkinson Street
5. SEX Male **6. RACE** White **7. ETHNIC ORIGIN (Race or foreign ancestry)** Georgia **8. CITIZENSHIP OF WHAT COUNTRY?** USA
9. DATE OF BIRTH July 24, 1880 **10. AGE AT DEATH** 79 **11. UNDER 1 YEAR** Months Days **12. UNDER 18 YEARS** Years Months Days

13. MARRIED NEVER MARRIED If Married or Widowed Give Name of Spouse **14. BURIAL** YES NO **15. REMOVAL OF BODIES** YES NO **DATE** Dec. 9, 1959
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Milledgeville Credit Bureau **17. MORTICIAN'S SIGNATURE** Frank L. Moore **18. MORTICIAN'S ADDRESS** Memory Hill Cemetery, Milledgeville, Baldwin Co., Ga.
19. FATHER'S NAME John Burch **20. MORTICIAN'S ADDRESS** 1133
21. MOTHER'S MAIDEN NAME Unavailable **22. MORTICIAN'S ADDRESS** Memorial Funeral Director
23. FATHER'S NAME John Burch **24. MORTICIAN'S ADDRESS** Milledgeville, Ga.
25. MOTHER'S MAIDEN NAME Unavailable **26. MORTICIAN'S ADDRESS** Mr. Clyde Martin **Relationship** Nephew
27. FATHER'S NAME Unavailable **28. MORTICIAN'S ADDRESS** Atlanta, Georgia

29. CAUSE OF DEATH (State only one cause, give age for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: Metastatic Ca.
IMMEDIATE CAUSE (a) primary lymphoblastic
DUCE TO (b) _____
DUCE TO (c) _____
PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a) _____

30. ACOUSHEMENT **31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)** _____ **32. INQUIRY OCCURRED** **33. I hereby certify that I attended the deceased from _____ to _____ and that I last saw the deceased alive on _____ at _____ and that death occurred at _____ from the causes and on the date stated above.**
34. SIGNATURE Curtis F. O'Neal, Jr. **35. SIGNATURE** M. W. ... **DATE SIGNED** 12-19-59

36. DATE REC'D BY LOCAL REG. 12-9-59 **37. SIGNATURE OF PUBLIC HEALTH OFFICER** M. W. ... **38. SIGNATURE OF VITAL RECORDS UNIT** _____ **39. DATE SIGNED** _____
 Georgia Department of Public Health, Division of Vital Records, Atlanta 3, Georgia

40. SIGNATURE OF RECORDS CUSTODIAN _____ **41. SIGNATURE OF VITAL RECORDS UNIT** _____

42. SIGNATURE OF VITAL RECORDS UNIT _____

43. SIGNATURE OF VITAL RECORDS UNIT _____

44. SIGNATURE OF VITAL RECORDS UNIT _____

45. SIGNATURE OF VITAL RECORDS UNIT _____

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48. SIGNATURE OF VITAL RECORDS UNIT _____

49. SIGNATURE OF VITAL RECORDS UNIT _____

50. SIGNATURE OF VITAL RECORDS UNIT _____

VITAL RECORDS UNIT - CHECK CERTIFICATE CAREFULLY
 Revised December 1, 1958

GAR

This is to certify that the above is a true and correct copy of the original certificate, which has become a perpetual record in the archives of the Georgia Department of Human Resources. Not valid unless countersigned in Vital Records Unit.

Christy Turner
 Record Custodian, Director
 Vital Records Unit

W. Powers
 By
 Vital Records Unit

Date 1-21-77