1 Place of Death

BUREAU OF VITAL STATISTICS

F. S. O. V. S. No. 12

County of Franklin

Militia District of Ashland Registration District No. 1684 Registered No. 6

City of Ashland (No. R F D St.)

2 FULL NAME J. C. Rucker

Residence. No. Ashland St. R F D

(Usual place of abode) (If non-resident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH, (Mo. da., yr.) June 9 - 1927

7 AGE If less than 2 years state if breast fed: Yes X No If less than 1 day hrs. mins.

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

9 BIRTHPLACE (State or country) Franklin

PARENTS

10 NAME OF FATHER James H. Rucker

11 BIRTHPLACE OF FATHER (State or country) Barrett

12 MAIDEN NAME OF MOTHER Rosa Belle Rucker

13 BIRTHPLACE OF MOTHER (State or country) Madison

14 THE ABOVE IS TRUE (Informant) J. Will Mayfield

(Address) Ashland Ga

15 Recorded Aug 25 1927. A Langston Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH August 24 1927

17 I HEREBY CERTIFY, That I attended deceased from ... 19.. to ... 19..

that I last saw h... alive on ... 19..

and that death occurred on the date stated above, at ... m.

The CAUSE OF DEATH was as follows:

Thrush

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) No physician M.

(Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL (DATE) Aug

Arnolds Chapel

20 UNDERTAKER (ADDR) Ga

J. Will Mayfield

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.

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