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

FILE NO. FOR STATE REGISTRAR

BOYS 11

1 PLACE OF DEATH

COUNTY Franklin

MILITIA DISTRICT Bryants

TOWN OR CITY ______ No. ______ ST. REG. DIST. NO. 206 REGISTERED NO. ______
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME R V Brown

RESIDENCE, CITY Lavonia Ga No. ______ ST. ______
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred ______ yrs. ______ mos. ______ dys. How long in U. S., if of foreign birth? ______ yrs. ______ mos. ______ dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Widowed

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ______

6 DATE OF BIRTH. (MO. DY. YR.) ______

7 AGE 79 yrs. ______ mos. ______ dys.
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 None
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) ______

PARENTS

9 BIRTHPLACE (STATE OR COUNTRY) Ga

10 NAME OF FATHER P R Brown

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga

12 MAIDEN NAME OF MOTHER D/K

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) D/K

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

(INFORMANT) P B Watters

(ADDRESS) Lavonia Ga

15 12-16 ... Weldon
LOCAL REGISTRAR

MEDICAL PARTICULARS

16 DATE OF DEATH Dec 15 192?

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 4 Days 1927 TO ______ 192__

THAT I LAST SAW H___ ALIVE ON ______ 192__

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 9 A. M. THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia

(DURATION) ______ YRS. ______ MOS. ______ DYS.

CONTRIBUTORY (SECONDARY) ______

(DURATION) ______ YRS. ______ MOS. ______ DYS.

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 M Freeman M. D.

12-16 192? (ADDRESS) Lavonia Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bowersville Ga. DATE 12-16 192__

20 Weldon & Thomas. Lavonia Ga
UNDERTAKER ADDRESS

(2) Whether Accidental, Suicidal, or Homicidal. (See Reverse Side for Additional Space.)

Medical Particulars must be signed by Physician, Coroner or Registrar.