1 Place of Death

# BUREAU OF VITAL STATISTICS

S. B. V. L. No. 12

County of Franklin

Militia District of Mandeya Registration District No. 370 Registered No. 74

City of (No. St.)

2 FULL NAME Sarah Wilkinson

Residence. No. Royston Ga St.

(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: Female

4 COLOR OR RACE: Black

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

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

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

7 AGE 86 yrs. mos. ds.

If less than 2 years state if born last Yes No

If less than 1 day hrs. mins.

8 OCCUPATION (a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE

(Informant) Eulithea Wilkinson

(Address) Royston Ga

15

Recorded 11-6- 1927 G M Parks Registrar

## MEDICAL PARTICULARS

16 DATE OF DEATH 6-2- 1927

17 I HEREBY CERTIFY, That I attended deceased from 3-8- 1927 to 6-2- 1927

that I last saw her alive on 6-2- 1927.

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

The CAUSE OF DEATH was as follows:

Pellagra

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

(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) J B Gilbert, M. D.

(Address) Royston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Harmon Grove

DATE: 6-4 1927

20 UNDERTAKER: Joe I Cunningham

ADDRESS: Royston Ga

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