

LOCAL REGISTRAR'S RECORD OF DEATH  
GEORGIA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH  
20 CITY OF Franklin

3 TOWN OR CITY  
MIL. DIST. No. Shum Log.

4 IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME (INSTEAD OF STREET AND NUMBER.) ST. REG. DIST. No. 213 REGISTERED No.

5 FULL NAME Eloise Savage

RESIDENCE CITY

6 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YES NO  
7 PERSONAL AND STATISTICAL PARTICULARS YES NO  
8 SEX Female 4 COLOR OR RACE white B SINGLE single MARRIED WIDOWED DIVORCED (WRITE THE WORD)

9A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

9 DATE OF BIRTH (MO.) DAY YEAR

7 AGE 15 IF LESS THAN 2 YEARS STATE IF BREAST FED YES NO IF LESS THAN 1 DAY

8 OCCUPATION (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK (B) GENERAL NATURE OF BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

9 BIRTHPLACE (STATE OR COUNTRY) Ga

10 NAME OF FATHER Jim Savage

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) S.C.

12 MAIDEN NAME OF MOTHER Eloise Savage

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) Hancel Savage

(ADDRESS) Montgomery Ala.

15 DATE OF DEATH MEDICAL PARTICULARS

17 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Oct 18 Oct 17 1928 TO Oct 18 1928

18 THAT I LAST SAW H. W ALIVE ON Oct 18 1928 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 7 A.M.

19 THE CAUSE OF DEATH WAS Pneumonia

(DURATION) YES NO

CONTRIBUTORY (SECONDARY) YES NO

(DURATION) YES NO

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) James M. Freeman M. D.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL (ADDRESS) Lavonia, Ga. DATE 10-19 1928  
Popular Spring

20 UNDERTAKER ADDRESS Weldon + Thomas Lavonia

THIS IS A PERMANENT RECORD. USE REVERSE SIDE FOR ADDITIONAL SPACE.

FILED 11-10 1928 Welfair

www.georgiapioneers.com