CERTIFICATE OF DEATH

State File No. 29416

Custodian's No. 4935

BIRTH NO. | Middle Dist. No.

1. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Annie (Last) Sealock

2. DATE OF DEATH: (Month) October (Day) 26, (Year) 1964

3. PLACE OF DEATH (County): Floyd — 057435-1514
City or Town: Rome | In City Limits: Yes ☒ No ☐ | LENGTH OF STAY (in this place):
Name of Hosp. or Institution: McCall Hospital | LENGTH OF STAY:

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.): 057XXX
State: Georgia | County: Floyd | In City Limits: Yes ☒ No ☐ | LENGTH OF STAY (in this place): Since 1908
City or Town: Lindale
Street Address or R.F.D. and Box No.: 113 D Street

5. SEX: F | 6. RACE: W | 7. BIRTHPLACE (State or foreign country): Atlanta, Ga. | CITIZEN OF WHAT COUNTRY: USA

8. DATE OF BIRTH: 9/25/83 | 9. AGE (In years) last birthday: 81 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ SEPARATED ☐ | 11. If Married or Widowed Give Name of Spouse: William Edward Sealock

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | KIND OF BUSINESS OR INDUSTRY:

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): | SOCIAL SECURITY NO.

15. FATHER'S NAME: Croft Evans

16. MOTHER'S MAIDEN NAME: Mattie Perkins

17. INFORMANT'S SIGNATURE: John L. Davenport | LICENSE NO.: 1503

18. MORTICIAN: Stevens-Davenport Funeral Home

19. MORTICIAN'S ADDRESS: 5 East 6th Avenue, Rome, Ga.

20. INFORMANT: Raymond Sealock | Relationship: Son

21. INFORMANT'S ADDRESS: Lindale, Ga.

MEDICAL CERTIFICATION

22. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PLEASE PRINT
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DO NOT WRITE IN THIS SPACE: I. 331X 23 | II. — 1 481 | III. | IV.

PART II. Other significant conditions contributing to death but not related to the terminal disease conditions given in Part I (a)

23. AUTOPSY: Yes ☐ No ☐

24. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | TIME OF INJURY | INJURY OCCURRED While at Work ☐ Not While at Work ☐ (Month) (Day) (Year) (Hour)

HOW DID INJURY OCCUR?

25. I hereby certify that I attended the deceased from Y. 2 Y. 19 [illegible] 19 44 that I last saw the deceased alive on [illegible] 19 64, and that death occurred at [illegible] m. from the causes and on the date stated above.

26. SIGNATURE: G. W. Jackson, M.D. | Degree or Title

ADDRESS: [illegible] | DATE SIGNED: 10-29-64

27. DATE REC'D BY LOCAL REG.: 11-2-64 | 28. REGISTRAR'S SIGNATURE: [illegible]

Georgia Department of Public Health
Vital Records Service
Atlanta 3, Georgia

ADM-5.3

REGISTRAR: CHECK CERTIFICATE CAREFULLY

Revised December 1, 1956