

1 PLACE OF DEATH

COUNTY Franklin

MILITIA DISTRICT 119

TOWN

CITY

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Leonas (Still Bound)

RESIDENCE, CITY Na. ST. ST.

3 Length of residence in city or town where death occurred yrs. mos. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word)

7a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

8 DATE OF BIRTH (MO. DY. YR.) March 29 1928

9 AGE yr. mos. days

IF LESS THAN 2 YEARS yr. mos. days

10 OCCUPATION

(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK

(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

11 BIRTHPLACE (STATE OR COUNTRY) Franklin Co. Ga.

12 NAME OF FATHER Carroll Sykes

13 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga.

14 MAIDEN NAME OF MOTHER Lillie Patterson

15 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga.

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

(INFORMANT) Carroll Sykes

(ADDRESS) Cameaux Ga.

FILED April 8 1928 J. C. Osborn

LOCAL REGISTRAR

UNDERTAKER

ADDRESS

DATE

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

FILE NO.
FOR STATE REGISTRAR

BOVS.
FORM
11

MEDICAL PARTICULARS

16 DATE OF DEATH March 29 1928

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

192 . TO 192

THAT I LAST SAW HIM ALIVE ON 192

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE

AT . M. THE CAUSE OF DEATH WAS AS FOLLOWS

Still Bound

(DURATION) . YRS. . MOS. . DAYS

CONTRIBUTORY (SECONDARY)

(DURATION) . YRS. . MOS. . DAYS

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAG.

NOSES?

(SIGNED) B. J. Smith M. D.

192 (ADDRESS) Cameaux

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

New Bethel 3/30

20

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