

1 Place of Death

BUREAU OF VITAL STATISTICS

U.S.G.A.
O
12
ACounty of FranklinMilitia District of ManleyRegistration District No. 370Registered No. 76

City of

(No.

St.)

2 FULL NAME Lais Marie SimmonsResidence No. Franklin Springs, Ga.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If non-resident give city or town and State)
How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed,
or Divorced (write the word)6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

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

7 AGE

If less than 7 years state if breast fed

yrs.

mos.

ds.

If less than 1 day

yrs.

9 OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of industry,
business or establishment in
which employed (for employer).10 BIRTHPLACE
(State or country)11 NAME OF
FATHER12 BIRTHPLACE
OF FATHER
(State or country)13 MOTHER NAME
OF MOTHER14 BIRTHPLACE
OF MOTHER
(State or country)

15 THE ABOVE IS TRUE

(Informant)

(Address)

16

Recorded 12-3

1927

G. M. Parks

Registrar

MEDICAL PARTICULARS

14 DATE OF DEATH

15

I HEREBY CERTIFY, that I attended deceased from

that I last saw her alive on

and that death occurred on the date stated above, at

The CAUSE OF DEATH was as follows:

Continual jaundice

(duration)

yrs.

mos.

30 ds.CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

16 Where was disease contracted?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

D. F. Ridgway

M. D.

(Address)

Raytown, Ga.

17 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Nails Creek Church11-21

1927

18 UNDERTAKER

ADDRESS

Joe T. Cunningham, Raytown, Ga.

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