

BUREAU OF VITAL STATISTICS

12

1 Place of Death

County of FranklinMilitia District of ManleysRegistration District No. 270Registered No. 80

City of _____ (No. _____ St.)

2 FULL NAME John Harris StarrResidence. No. Canon Ga St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) widowed

6a Is married, widowed, or divorced

HUSBAND of Ellen Sewell

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

8 AGE 77 yrs. mos. da. If less than 1 day Yes No

9 OCCUPATION

(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer)10 BIRTHPLACE (State or country) Ga11 NAME OF FATHER Louis Starr12 BIRTHPLACE OF FATHER Ga N.C.13 MAIDEN NAME OF MOTHER Satrina Latimer14 BIRTHPLACE OF MOTHER Ga N.C.

15 THE ABOVE IS TRUE

(Informant) Mrs J C Stratten
(Address) Canon Ga16 Signature Jane G. 28 Geo M Parks

Registrar

15 DATE OF DEATH Dec-28 16 I HEREBY CERTIFY, That I attended deceased from Dec. 17 1927 - Dec-28 1927 that I last saw him alive on Dec 28 1927

and that death occurred on the date stated above, at _____ The CAUSE OF DEATH was as follows:

Hypostatic Pneumonia - Uremia
Retention of urine
Prostatic Hypertrophy yrs. mos. da. 2CONTRIBUTORY Hypertrophy Prostate yrs. mos. da. 2
Retention of Urine (duration) yrs. mos. da. 217 Where was disease contracted? at HomeDid an operation precede death? No Date of _____Was there an autopsy? No What test confirmed diagnosis? _____(Signed) Stewart D Brown M. D.
(Address) Rayston Ga18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE 12/29 192719 UNDERTAKER Weatherly + Brock Rayston Ga

PLEASE PRINT PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.