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THIS IS A PERMANENT RECORD.
 (1) Cause and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See Internal Title for Additional Instructions.)

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

FILE NO.
 FOR STATE REGISTRAR

R.O.Y.E.
 FORM 11

1. PLACE OF DEATH
 COUNTY: Terrahatchie
 WIL. DIST. NO.: Wilbourn
 TOWN OR CITY: _____
 2. FULL NAME: Mrs. Jane Howell
 RESIDENCE, CITY: _____
 18. LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: _____

ST. REG. DIST. NO. 1377 REGISTERED BY: 2
 (If not now RESIDENT SEE CITY OF BIRTH AND STATE)
 19. SEX: _____
 20. AGE: _____
 21. HOW LONG IN U.S. IF FOREIGN BIRTH: _____

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX: _____
 4. MARRIAGE STATUS: _____
 5. DATE OF BIRTH (MO.) _____ DAY _____ YEAR _____
 6. AGE: 31 YRS. 8 MOS. 25 DYS.
 IF LESS THAN 2 YEARS IF LESS THAN 1 DAY
 7. OCCUPATION: _____
 (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK
 (B) GENERAL NATURE OF INDUSTRY BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (FOR EMPLOYED)

MEDICAL PARTICULARS
 16. DATE OF DEATH: 4/7
 17. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM: 2 year
 AND I LAST SAW HIM ALIVE ON: 4/7
 AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT: 2
 THE CAUSE OF DEATH WAS AS FOLLOWS:

8. BIRTHPLACE (STATE OR COUNTRY): Ga
 9. NAME OF FATHER: Thomas Harrison
 10. BIRTHPLACE OF FATHER (STATE OR COUNTRY): Ga
 11. MOTHER'S NAME OF MOTHER: Patty Jolley
 12. BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ga

Carcinoma Intestine
 (DURATION) _____ YRS. _____ MOS. _____ DYS.
 CONTRIBUTORY (Secondary) _____
 (DIAGNOSIS) _____
 WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF BIRTH? _____
 DID OPERATION PRECEDE DEATH? no DATE OF: _____
 WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED: _____
 DIAGNOSIS: _____

13. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
 (Signature) Andrew Mullikin
 (Address) Lavonia Ga
 14. FILED: May 10 1908 G H Dean

(SIGNED) J M Freeman
 (Address) Lavonia Ga
 15. PLACE OF BURIAL, CREMATION OR REMOVAL: Lavonia Ga
 16. UNDERTAKER: Weldon Thomas
 (Address) Lavonia Ga

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MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, SURGEON OR REGISTRAR