

LOCAL REGISTRAR'S COPY  
**CERTIFICATE OF DEATH**  
 GEORGIA STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

STATE FILE NUMBER

**1 PLACE OF DEATH**

State—Georgia.

County *Franklin*

City or Town *Waynesboro Ga*

Militia District No. *370*

Registered No. *8*

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

**2 FULL NAME**

(a) Residence *Waynesboro*

(Usual place of abode, street and number)

Length of residence in city or town where death occurred yrs. mos. ds.

If NON-RESIDENT give city or town and state of residence.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX *male*

4 Color or Race *white*

5 Single, Married, Widowed, or Divorced (write the word).

6a Name of Husband or Wife, if Married, Widowed or Divorced.

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If LESS than 1 day

hrs.

or min.

**8 OCCUPATION**

(a) Trade, Profession or particular kind of work

(b) General nature of Industry Business or Establishment in which employed (or employer)

**9 BIRTHPLACE**

(State or Country)

**10 NAME OF FATHER**

**11 BIRTHPLACE OF FATHER**

(State or Country)

**12 MAIDEN NAME OF MOTHER**

**13 BIRTHPLACE OF MOTHER**

(State or Country)

14 The Above is True to the Best of My Knowledge.

(Informant)

(Address)

15

Filed *1-30*, 19*29*

Registrar *J. H. Blackman*

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH**

(month, day and year) *11-24-1928*

17 I HEREBY CERTIFY, That I attended deceased from *9-9-1928*, to *11-25-1928*

that I last saw him alive on *11-25-1928*

and that death occurred, on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows:

*abdominal rupture*

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY**

(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *J. M. Clark*, M.D.

(Address) *Waynesboro Ga*

19 Place of Burial, Cremation, or Removal Date of Burial

*Shilo North Co 11-26-1928*

20 UNDERTAKER

Address *Waynesboro Ga*