GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

FILE No. FOR STATE REGISTRAR

S. C. V. S. Vol. 11

1 PLACE OF DEATH

COUNTY Franklin.

MIL. DIST. NO. Bryants.

TOWN OR CITY ____ No. ____ ST. REG. DIST. No. 206 REGISTERED No. ____

(If death occurred in hospital or in institution, give its name instead of street and address)

2 FULL NAME Mrs Mary Thrasher.

RESIDENCE, CITY ____ No. ____ ST. ____

3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED ____ Yrs. ____ Mos. ____ Dys. In U. S. if Foreign Birth? ____ Yrs. ____ Mos. ____ Dys. (If not non-resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word)
Female	White	Widowed

8a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of

8 DATE OF BIRTH (MO.)	DAY.	YEAR

9 AGE 71 Yrs. 1 Mos. 1 Dys.

IF LESS THAN 2 YEARS IF LESS THAN 1 DAY

State if breast fed. Yes ____ No ____ Hrs. ____ Mins.

10 OCCUPATION

(a) Trade, Profession or particular kind of work None

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

BIRTHPLACE (State or County) S.C.

PARENTS

10 NAME OF FATHER Billie Whitfield.

11 BIRTHPLACE OF FATHER (State or County) S.C.

12 MAIDEN NAME OF MOTHER Tillie Brady.

13 BIRTHPLACE OF MOTHER (State or County) S.C.

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

(Informant) Austin Thrasher.

(Address) Lavonia, Ga.

15 FILED Sept 13 1927 F. K. Hall R.

MEDICAL PARTICULARS

16 DATE OF DEATH Sept. 12. 1927. 192

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ____ 192 TO ____ 192

AND I LAST SAW H ____ ALIVE ON ____ 192

AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT ____ M.

THE CAUSE OF DEATH WAS AS FOLLOWS: ____

Lighting Struck.

(DURATION) ____ YRS. ____ MOS. ____ DYS.

CONTRIBUTORY (Secondary) ____

(DURATION) ____ YRS. ____ MOS. ____ DYS.

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

DID OPERATION PRECEDE DEATH? ____ DATE OF ____

WAS THERE AN AUTOPSY? ____ WHAT TEST CONFIRMED DIAGNOSIS? ____

(SIGNED) Dr J.M. Freeman. M. D.

____ 192 (ADDRESS) Lavonia. Ga.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beaverdam, S.C. 9/13/27. DATE 192

20 UNDERTAKER Weldon & Thomas. Lavonia, Ga. ADDRESS

THIS CERTIFICATE—FILE IS A PERMANENT RECORD of Homicide. (See Reverse Side for Additional Space.) Means and Nature of Injury, (2) Whether Accident, Suicide, State (1)

THIS CERTIFICATE MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR.