

CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
 Bureau of Vital Statistics

1 PLACE OF DEATH

State—Georgia.

County Franklin

City or Town Lavonia Ga

Militia District No. 306

Registered No. _____

No. _____

St. _____

Ward _____

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

STATE FILE NUMBER _____

2 FULL NAME

Vivian Ann Lamlin

(a) Residence

(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

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 Color or Race

white

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

Single

16 DATE OF DEATH

(month, day and year) Aug. 24 1928

5a Name of Husband or Wife, if Married, Widowed or Divorced.

G. L. Lamlin

17 I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

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

The CAUSE OF DEATH was as follows:

6 DATE OF BIRTH (month, day and year)

7 AGE

Years _____

Months _____

Days _____

If LESS than 1 day, _____ hrs. _____

or _____ min.

Still Born

8 OCCUPATION

(a) Trade, Profession or particular kind of work

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

None www.georgiapioneers.com

Still Born

(duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE

(State or Country)

Lavonia, Ga.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER

G. L. Lamlin

18 Where was disease contracted

if not at place of death?

11 BIRTHPLACE OF FATHER

(State or Country)

Demetrius, Ga.

Did an operation precede death? _____

Date of _____

12 MAIDEN NAME OF MOTHER

Margaret A. Ingram

Was there an autopsy? _____

What test confirmed diagnosis? _____

13 BIRTHPLACE OF MOTHER

(State or Country)

N.C.

(Signed) E. J. Posle, M.D.

(Address) Lavonia, Ga.

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

(Informant)

G. L. Lamlin

19 Place of Burial, Cremation, or Removal

Date of Burial

(Address)

Lavonia, Ga.

Demetrius, Ga.

8/25/28

15

Filed 7-10, 1928

20 UNDERTAKER

Weldan & Lhaman

Registrar

J. N. Weldan

Address

Lavonia, Ga.