1 PLACE OF DEATH

COUNTY OF Franklin Co.

LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 12

MIL. DIST. No 1363

TOWN OR CITY _____ No _____ ST. REG. DIST. No 1363 REGISTERED No 313

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Mary Turman

RESIDENCE. CITY Canon, Ga. No _____ ST _____

10 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. _____ MOS. _____ DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE) HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. _____ MOS. _____ DYS. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD): single

5a IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6 DATE OF BIRTH: (MO.) _____ DAY _____ YEAR _____

7 AGE _____ YRS. 3 MOS. _____ DYS.

IF LESS THAN 2 YEARS STATE IF BREAST FED Yes ___ No ___

IF LESS THAN 1 DAY _____ HRS. _____ MINS.

8 OCCUPATION
(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Infant

(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

9 BIRTHPLACE (STATE OR COUNTRY) Ga

PARENTS

10 NAME OF FATHER Winfred Turman

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga.

12 MAIDEN NAME OF MOTHER Susie Brewer

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga.

COPY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) W.C.Ashworth

(ADDRESS) Canon, Ga.

15

FILED 8/11/29 192 J.C.Bowers L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH 10/28/28 192

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

THAT I LAST SAW H_____ ALIVE ON _____ 192 AND

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT _____ M.

THE CAUSE OF DEATH WAS

(DURATION) _____ YRS. _____ MOS. _____ DYS.

CONTRIBUTORY (SECONDARY)

(DURATION) _____ YRS. _____ MOS. _____ DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____ WHAT TEST CONFIRMED DIAG. _____

NOSIS? _____

(SIGNED) _____ M. D.

_____ 192 (ADDRESS) _____

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE 192

20 UNDERTAKER ADDRESS