

County of FranklinMilitia District of Middle R. Registration District No. _____

Registered No. _____

City of _____ (No. _____ St.)

2 FULL NAME William Edward Lynes

Residence, No. _____ St. _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 3 Single, Married, Widowed, or Divorced (write the word) Married

4a If married, widowed, or divorced, SURVIVOR of (see-WIFE or)

4 DATE OF BIRTH (Mo. da. yr.) metta Beatrice Lynes5 AGE 63 yrs. mid. da.

If less than 3 years state if breast fed If less than 1 day

Yes No hrs. mins.

6 OCCUPATION (a) Trade, profession or particular kind of work Farm

(b) General nature of industry, business or establishment in which employed (or employer)

7 BIRTHPLACE (State or country) Kent Co. Ga.8 NAME OF FATHER William Lynes9 BIRTHPLACE OF FATHER (State or country) Kent Co. Ga.10 MAIDEN NAME OF MOTHER Sarah Lynes11 BIRTHPLACE OF MOTHER (State or country) Kent Co. Ga.

12 THE ABOVE IS TRUE

(Informant) Mrs. Leta Lynes(Address) Bowman ga

13

Recorded mar 8 1928 W. W. Phillips Registrar15 DATE OF DEATH 2/18 12 2817 I HEREBY CERTIFY, That I attended deceased from 1-28 to 2-18 12 28That I last saw deceased alive on 2-17 12 25and that death occurred on the date stated above, at 12 P m.

The CAUSE OF DEATH was as follows:

Burns & AccidentalDuration yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted? his homeDid an operation precede death? no Date of _____Was there an autopsy? no What test confirmed diagnosis? _____(Signed) Stethoscope & Lung M. D.(Address) 40. McLean

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

Nov and Church 2/18/28

20 UNDERTAKER ADDRESS

W. W. Phillips & Co. Nov and