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

COUNTY OF Franklin Co.

MIL. DIST. No. 1363

TOWN OR CITY ____ No. ____ ST. REG. DIST. No. 1863 REGISTERED No. 4

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

1 FULL NAME Oscar Wade Vernon

RESIDENCE, CITY Canon, Ga. RFD No. ____ ST. ____

16 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 Male

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 (NO.) ____ DAY ____ YEAR ____

7 AGE 33 YRS. 11 MOS. 15 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 Farmer

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

9 BIRTHPLACE (STATE OR COUNTRY) Ga.

PARENTS

10 NAME OF FATHER J.T.Vernon

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga.

12 MAIDEN NAME OF MOTHER Nettie Edwards

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) J.F.Vernon,

(ADDRESS) Canon, Ga.

15 FILED 3/8/28 192 J. ". Bowers L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH 2/16/28

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 2/8/28 192 TO 2/15/28 192

THAT I LAST SAW him ALIVE ON 2/15/28 192 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT ____ M.

THE CAUSE OF DEATH WAS Influenza

(DURATION) few days MOS. ____ DYS.

CONTRIBUTORY (SECONDARY) Tuberlosis

(DURATION) few months 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. ____

HOSIST ____

(SIGNED) H.L.McCrary,Royston M. D.

192 (ADDRESS) Ga

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Gaines Chappel, DATE 2/17/28 192

20 UNDERTAKER Weatherly & Brock ADDRESS Royston, Ga.

www.georgiapioneers.com

CAUTION: UNFADING INK—THIS IS A PERMANENT RECORD. (1) MEANS AND NATURE OF INJURY AND (2) WHETHER ACCIDENTAL, SUI. COIL, OR HOMICIDAL. USE REVERSE SIDE FOR ADDITIONAL SPACE.