

WITH UPDATING INK—THIS IS A PERMANENT RECORD.
Joint Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Su-
cided, or Homicidal. (See Reverse Side for Additional Space.)

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE NO.
FOR STATE REGISTRATION

80-2
11

1 PLACE OF DEATH

COUNTY Franklin

MILITIA DISTRICT Graysville

TOWN OR

CITY

IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER: ST. REG. DIST. NO. 206

REGISTERED NO.

2 FULL NAME Mrs J C Vickery

RESIDENCE, CITY Ladonia Ga

12 Length of residence in city or town where death occurred yrs. mos. dya.

IF NON-RESIDENT GIVE CITY OR TOWN AND STATE: How long in U. S. if of foreign birth yrs. mos. dya.

PERSONAL AND STATISTICAL PARTICULARS

3 COLOR OR RACE White

4 MARRIAGE STATUS Married

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

6 DATE OF DEATH 1920 30

7 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM hour less one week before death

THAT I LAST SAW H. ALIVE ON

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE

AT M. THE CAUSE OF DEATH WAS AS FOLLOWS

(DURATION) YRS. MOS. DYS.

CONTRIBUTORY (SECONDARY)

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 2. B. B. Legs

(SIGNED) J M Freeman

12-36

M. D.

13 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE Ladonia Ga

First Burial

12-31-28

McLain & Thomas Ladonia Ga

UNDERTAKER

ADDRESS

LOCAL REGISTRAR

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

(INFORMANT) J C Vickery

(ADDRESS) Ladonia Ga

FILED 1-10

7 H McElhara