

1 Place of Death

BUREAU OF VITAL STATISTICS

F.B.O.V.L.

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County of FranklinMilitia District of Manleyss Registration District No. 370Registered No. 96

City of _____ (No. _____ St.)

2 FULL NAME

Residence, No. Warren L Mize
Rayston GaSta. R412

(Usual place of abode)

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

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

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

1 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) married6a If married, widowed, or divorced, name of HUSBAND or WIFE Anna Fleming6 DATE OF BIRTH (Mo. da. yr.) May - 4 - 18887 AGE 70 yrs. mos. ds. 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 (for employers)

9 BIRTHPLACE (State or country) Albert Co Ga10 NAME OF FATHER John L Mize11 BIRTHPLACE OF FATHER Banks Co Ga12 MAIDEN NAME OF MOTHER Cornelia Stovall13 BIRTHPLACE OF MOTHER Albert Co Ga

14 THE ABOVE IS TRUE

(Informant) Paul J Mize(Address) Rayston Ga15 UNDERLAKER Weatherly & Brock16 PLACE OF BURIAL, CREMATION, OR REMOVAL Holly Springs17 DATE 6/7 192818 ADDRESS Rayston Ga19 RECORDED 7-9-2820 BY WM Parks21 REGISTERED Ga16 DATE OF DEATH June - 5 192817 I HEREBY CERTIFY That I attended deceased from April 8 1928 to June 6 1928that I last saw him/her on June 5 1928

and that death occurred on the date stated above, at

The CAUSE OF DEATH was as follows: abscessed kidneysfollowing Prostatectomy(duration) 10 weeks

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

19 Did an operation precede death? yes Date of 5-27-1928Was there an autopsy? yes What test confirmed diagnosis?(Signed) Stewart D Brown M. D.(Address) Rayston Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

20 UNDERLAKER

ADDRESS

21 RECORDED

BY

22 REGISTERED

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