1 Place of Death

BUREAU OF VITAL STATISTICS

County of Franklin 9

12

Militia District of Middle R Registration District No. 1420 Registered No.

City of Royston (No. St.)

2 FULL NAME Felton O Watkins

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

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH, (Mo. da. yr.)

7 AGE 19 yrs. 2 mos. 28 ds.
If less than 1 day hrs. or min.

8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Franklin

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE
(Informant) Co Watkins
(Address) Royston Ga

15 Received June 13 1922 W. H. Phillips Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH May 31 1922

17 I HEREBY CERTIFY, That I attended deceased from June 15 1922 to 1922

that I last saw h alive on Jan 15 1922

and that death occurred on the date stated above, at m.
The CAUSE OF DEATH was as follows:
Rheumatic spasms
Got hurt by hog
(duration) 10 years yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) 9 to 10 yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) H. S. McCrary M. D.

(Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Gideon Church DATE 19

20 UNDERTAKER: Westbrook & Brock ADDRESS