

1 PLACE OF DEATH  
COUNTY OF Franklin  
MIL. DIST. NO. Boyards  
TOWN ON  
CITY NO ST. REG. DIST. NO. 206 REGISTERED NO. \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)  
2 FULL NAME Joseph Noble  
RESIDENCE CITY Lavonia Ga NO. \_\_\_\_\_ ST. \_\_\_\_\_  
18 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. \_\_\_\_\_  
3 SEX Male 4 COLOR OR RACE Black 5 SINGLE Married 6 WIDOWED Divorced 7 DIVORCED (WRITE THE WORD)  
8a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still Born  
9 DATE OF BIRTH (MO.) \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_  
7 AGE \_\_\_\_\_  
IF LESS THAN 2 YEARS \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DYS. \_\_\_\_\_  
STATE IF BREAST FED YES \_\_\_\_\_ NO \_\_\_\_\_ IF LESS THAN 1 DAY \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_  
8 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK None  
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)  
9 BIRTHPLACE (STATE OR COUNTRY) Lavonia Ga  
10 NAME OF FATHER Thos. Noble  
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ga  
12 MAIDEN NAME OF MOTHER Maudie Crump  
13 BIRTHPLACE OF MOTHER Ga  
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(INFORMANT) Thos. Noble  
(ADDRESS) Lavonia Ga  
15  
16 DATE OF DEATH DEC 3 1928  
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_ 1928 TO \_\_\_\_\_ 1928  
THAT I LAST SAW HIM ALIVE ON \_\_\_\_\_ 1928 AND  
THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT \_\_\_\_\_  
THE CAUSE OF DEATH WAS Still Born  
(DURATION) \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DYS. \_\_\_\_\_  
CONTRIBUTORY (SECONDARY)  
(DURATION) \_\_\_\_\_ 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. \_\_\_\_\_  
HOSBY? \_\_\_\_\_  
(SIGNED) E. T. Poole MD M. D.  
12-3 1928 (ADDRESS) Lavonia Ga  
19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE  
New Light 12-3 1928  
20 UNDERTAKER ADDRESS  
Welford & Thomas Lavonia Ga

U. S. V. S.  
12  
RECORDED

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FILED 12-10-1928 J. H. Welford L. R.