GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE No. For State Registrar Only.

STATE FORM 11 S.C.V.S.

1 Place of Death County of Franklin

Militia District of Red Lick Registration District No. 212 Registered No. 6

City of (No. St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Mattie D Wheeler

Residence No. (Usual place of abode) St.

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

3 SEX: Female

4 COLOR OR RACE: White

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

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: J D Wheeler Jr

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

7 AGE: 82 yrs. 6 mos. 18 ds. If less than 2 years state if breast fed: Yes No. If less than 1 day

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

9 BIRTHPLACE (State or country): Ga

PARENTS

10 NAME OF FATHER: John A. Forlow

11 BIRTHPLACE OF FATHER (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Elizabeth Motes

13 BIRTHPLACE OF MOTHER (State or country): S.C.

14 THE ABOVE IS TRUE (Informant): John Wheeler

(Address): Martin Ga. R. F. D.

15 Filed June 4 1928 J. N. Whitworth Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: May 12 1928

17 I HEREBY CERTIFY, That I attended deceased from that I last saw her alive on May 12 1928 and that death occurred, on the date stated above, at 6 P. m. The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted?

Did an operation precede death? No Date of

Was there an autopsy No What test confirmed diagnosis?

(Signed) J R Brown M.D. M. D.

19 (Address) Lavonia Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Clarks Creek Ch DATE: 5-13

20 UNDERTAKER: Weedon & Thomas ADD'R