(copy)

1 PLACE OF DEATH

COUNTY OF Franklin

MIL. DIST. No 764

TOWN OR CITY Carnesville

ST. REG. DIST. No 764

REGISTERED No 1

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE No. V. S. 12

2 FULL NAME Modina Addie Whitlock

RESIDENCE, CITY Carnesville NO ST.

(IF NOT HIGH RESIDENCE GIVE CITY OR TOWN AND STATE)

10 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 3 MOS. 7 DYS. HOW LONG IN U. S., IF FOREIGN BIRTH? YRS. MOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (WRITE THE WORD): Single

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

6 DATE OF BIRTH (MO.) | DAY | YEAR

7 AGE: YRS. MOS. DYS.

IF LESS THAN 2 YEARS: STATE IF BREAST FED. YES NO IF LESS THAN 1 DAY, HRS.

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): Franklin co. Ga

PARENTS

10 NAME OF FATHER: Ira Whitlock

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): Jackson co. Ga

12 MAIDEN NAME OF MOTHER: Pearl Burnett

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Franklin co. Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) Ira Whitlock

(ADDRESS) Canon R.F.D. #2 Ga

15

FILED Feb 6 192 8 H. J. Ramsey R.R. L.R.

MEDICAL PARTICULARS

16 DATE OF DEATH: Jan. 1 192 8

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 192 TO 192

THAT I LAST SAW H ALIVE ON 192 AND

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 5. a M

THE CAUSE OF DEATH WAS Bold Hives

(DURATION) YRS. MOS. DYS.

CONTRIBUTORY (SECONDARY)

(DURATION) YRS. Suddenly DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS?

(SIGNED) Ira Whitlock Father M.D.

2-6 192 8 (ADDRESS) Canon Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cross Road church carnesville DATE 1-2 192 8

20 UNDERTAKER: B. P. Gunn ADDRESS: Carnesville Ga.