

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

COUNTY OF Franklin  
CIVIL DIST. NO. 210

TOWN OR CITY Carnesville No. 3

ST. REG. DIST. No. 210

REGISTERED No. 3

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

FULL NAME Doris Emily Whitzel

RESIDENCE, CITY Carnesville No. 3 ST.

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. NOS. DYS. (IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE) YRS. NOS. DYS.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White  
MARRIAGE STATUS Single  
IF MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD)

HUSBAND OF (OR) WIFE OF

DATE OF BIRTH (MO.) 2 DAY 11 YEAR 1928

AGE 2 YRS. NOS. DYS. IF LESS THAN 1 DAY

OCCUPATION (1) TRADE, PROFESSION OR ARTIFICIAL KIND OF WORK. (2) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (FOR EMPLOYER)

BIRTHPLACE (STATE OR COUNTRY) Franklin Co Ga

10 NAME OF FATHER W A Whitzel

11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Madison Co Ga

12 MAIDEN NAME OF MOTHER Maggie Hanley

13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Franklin Co Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) W A Whitzel

(ADDRESS) Carnesville Ga #3

FILED Feb 20 1928 J. W. Wize

MEDICAL PARTICULARS

15 DATE OF DEATH Feb 14 1928

17 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Feb 13 1928 TO Feb 14 1928

THAT I LAST SAW HIM ALIVE ON 1928 AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 6 P M

THE CAUSE OF DEATH WAS Influenza

(DURATION) YRS. NOS. DYS. 3

CONTRIBUTORY (SECONDARY)

(DURATION) YRS. NOS. 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 DIAGNOSIS?

(SIGNED) H G Barister M. D.

3-15-28 1928 (ADDRESS) Sta Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE Hudson River 2 15 1928

20 UNDERTAKER ADDRESS None

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