

CERTIFICATE OF DEATH

State File No. _____

Coroner's No. _____

1. NAME OF DECEASED (Print) **William Herschel Jones** (Last) 2. DATE OF DEATH (Month) (Day) (Year) **Oct. 26 1971**

3. PLACE OF DEATH (County) **Paulding**
 City or Town **Dallas** Length of Stay (in this place) **Life**
 Name of Hosp. or Institution _____ Length of Stay _____

4. USUAL RESIDENCE (If deceased lived in institution, remainder unless otherwise stated)
 State **Ga.** County **Paulding** Length of Stay (in this place) **Life**
 City or Town **Dallas** Street Address or R.F.D. and Box No. **412 Hardee St.**

5. SEX & RACE **M W** 6. PLACE OF BIRTH (State or foreign country) **Georgia** 7. CITIZENSHIP OR WHAT COUNTRY **USA**

8. US RESIDENCE ON DATE OF DEATH Yes No 9. DATE OF REMOVAL OR CREMATION Yes No **Oct. 28, 1971**

10. A DATE OF BIRTH **May 14, 1905** 11. AGE (in years) **66** 12. UNDER 24 YEARS 13. UNDER 34 YEARS 14. UNDER 44 YEARS 15. UNDER 54 YEARS 16. UNDER 64 YEARS 17. UNDER 74 YEARS 18. UNDER 84 YEARS 19. UNDER 94 YEARS 20. 94 YEARS OR OVER

19. NAME OF CELESTIAL LOCATION (City or Town) (County) (State) **Dallas Mem. Garden Dallas, Paulding, Ga.**

21. MARRIED NEVER MARRIED 22. MARRIED OR WIDOWED GAVE NAME OF SPOUSE **Louvie S. Jones** 23. WIDOWED DIVORCED SEPARATED

24. DECEASED'S SIGNATURE *William Herschel Jones* 25. LICENSING NO. **1623**

26. USUAL OCCUPATION (Give head of work done during most of working life even if retired) **School Principal** 27. TYPE OF BUSINESS OR INDUSTRY **Education**

28. NOTIFYING ADDRESS **Martin Funeral Home**

29. WAS DECEASED EVER IN U.S. ARMED FORCES (If in, give branch, (If yes, give year or date of service) **250-05-4230**

30. INFORMANT **Mr. Louvie S. Jones** Relationship **Wife**

31. FATHER'S NAME **W. H. Jones**

32. INFORMANT'S ADDRESS **412 Hardee St., Dallas, Ga. 30132**

33. MOTHER'S MAIDEN NAME **W. H. Jones**

34. CAUSE OF DEATH (Enter only and circle only one for (a), (b), and (c). PLEASE PRINT) PART I. DEATH WAS CAUSED BY: **Coronary thrombosis**

INTERVAL BETWEEN ONSET AND DEATH **5-6 hours** DO NOT WRITE IN THIS SPACE

PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a) _____ (b) _____ (c) _____

35. ACCIDENT PLACE OF INJURY _____ 36. SUICIDE 37. HOMICIDE 38. PLACE OF DEATH _____ 39. CITY OR TOWN (COUNTY) (STATE) _____ 40. TIME OF DEATH _____ 41. HOW AND WHERE OCCURRED _____

42. I hereby certify that I attended the deceased from _____ to _____ that I last saw the deceased alive on _____ and that death occurred on _____ at _____ on the date stated above. 43. SIGNATURE *John H. Cunningham* 44. DATE SIGNED **10/28/71**

45. SIGNATURE OF LOCAL HEALTH OFFICIAL *Betty Johnson* 46. ADDRESS **4 Dallas, Ga.** 47. DATE SIGNED **10/28/71**

48. SIGNATURE OF COUNTY HEALTH OFFICIAL _____ 49. ADDRESS _____ 50. DATE SIGNED _____

Revised December 1, 1968

MEDICAL CERTIFICATION