

LOCAL REGISTRAR'S COPY
CERTIFICATE OF DEATH
 GEORGIA STATE BOARD OF HEALTH
 Bureau of Vital Statistics

1 PLACE OF DEATH

State—Georgia.

County Franklin

City or Town Rayston, Ga

Militia District No. 370

Registered No. 13

No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give the NAME instead of street and number).

2 FULL NAME Mary Willoughby

(a) Residence

(Usual place of abode, street and number)

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. _____

If NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 Color or Race

White

5 Single, Married, Widowed, or Divorced (Write the word).

Single

5a Name of Husband or Wife, if Married, Widowed or Divorced.

6 DATE OF BIRTH (month, day and year)

7 AGE / Years _____ Months _____ Days _____

If LESS than 1 day, _____ hrs.

8 OCCUPATION

(a) Trade, Profession or particular kind of work.
 (b) General nature of industry, business or establishment in which employed (as employer)

9 BIRTHPLACE

(State or Country)

Franklin Co. Ga

10 NAME OF FATHER

W. H. Hafford Williams

11 BIRTHPLACE OF FATHER

(State or Country)

Franklin Co. Ga

12 MAIDEN NAME OF MOTHER

Mellie Ridd Williams

13 BIRTHPLACE OF MOTHER

(State or Country)

Charlotte N. C.

14 The Above is True to the Best of My Knowledge.

(Informant)

Mellie Ridd Williams

(Address)

Rayston, Ga

15

Filed 3-7- , 1924

B. A. Blalockman

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(month, day and year) Dec 30 - 1928

17 I HEREBY CERTIFY, That I attended deceased from

Nov 20 - 1928, to Dec 30 - 1928

that I last saw her alive on 12-29 - 1928

and that death occurred, on the date stated above at Franklin Co., Ga.

The CAUSE OF DEATH was as follows:

influenza

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ed. Kildsway Jr., M.D.

(Address)

Rayston, Ga

19 Place of Burial, Cremation, or Removal

Date of Burial

Rock Hill Cemetery Dec 3 - 1928

20 UNDERTAKER

Joe L. Cunningham

Address

Rayston, Ga