GEORGIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

FILE No. FOR STATE REGISTRAR

S. B. V. S. FORM 11

1 PLACE OF DEATH

COUNTY Franklin.

MIL. DIST. NO Bryants.

TOWN OR CITY ____ No ____ ST. REG. DIST. No 206 REGISTERED No ____

(If death occurred in hospital or in institution, give its name instead of street and address)

2 FULL NAME Will F white.

RESIDENCE, CITY Lavonia, Ga. No ____ ST. ____

(If not non-resident give City or Town and State)

3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED ____ Yrs. ____ Mos. ____ Dys. In U. S. if Foreign Birth? ____ Yrs. ____ Mos. ____ Dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word)
male	white	married.

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of married.

6 DATE OF BIRTH (MO.)	DAY	YEAR
Sept.	14	1878

7

AGE 47 Yrs. ____ Mos. ____ Dys.

IF LESS THAN 2 YEARS ____ IF LESS THAN 1 DAY ____

State if breast fed. Yes ____ No ____ Hrs. ____ Mins.

8 OCCUPATION
(a) Trade, Profession or particular kind of work Live Stock dealer.
(b) General nature of Industry Business or Establishment in which employed (or employer) ____

BIRTHPLACE (State or County) mart. Co.

PARENTS

10 NAME OF FATHER T. W. white.

11 BIRTHPLACE OF FATHER (State or County) mart Co.

12 MAIDEN NAME OF MOTHER nancy baker.

13 BIRTHPLACE OF MOTHER (State or County) mart Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) mrs harmon hardy.

(Address) apokerton. N.C.

15 [illegible] L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH Sept. 21. 1927 192

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 8/2/ 192 7 TO 9/21.1927. 192

AND I LAST SAW H. in ALIVE ON 9/21/27 192

AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT 4.P M.

THE CAUSE OF DEATH WAS AS FOLLOWS: Cancer.

(DURATION) ____ YRS. ____ MOS. ____ DYS.

CONTRIBUTORY (Secondary) ____

(DURATION) ____ YRS. ____ MOS. ____ DYS.

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

DID OPERATION PRECEDE DEATH? ____ DATE OF ____

WAS THERE AN AUTOPSY? ____ WHAT TEST CONFIRMED ____

DIAGNOSIS? ____

(SIGNED) Dr J. M. Freeman. M. D.

9. 22. 192 7 (ADDRESS) Lavonia, Ga.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lavonia, Ga. 9/21/27 | DATE 192

20 UNDERTAKER Weldon & Thomas. | ADDRESS Lavonia. Ga.

MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR