copy

GEORGIA STATE BOARD OF HEALTH.
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

File No.—For State Registrar

V. O. S. No. 11

1 PLACE OF DEATH.
County of Franklin
Militia District of Shoal Cr
or Inc. Town of
or City of

Registration District No. 512 (For use of Local Registrar)
Registered No. 7 (For use of Local Registrar)

2 FULL NAME Galtha Wilmot

Residence. No. ____ St. ____ (Usual place of abode) (If non-resident give city or town and State)
(If death occurred in a Hospital or institution, give its NAME instead of street and number)
13 Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male / 4 COLOR OR RACE: white / 5 Single, Married, Widowed, or Divorced (write the word): single	16 DATE OF DEATH: Sep 2 (Month) (Day) 1927 (Year)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from Sep 2 1927 to Sep 2 1927
6 DATE OF BIRTH, (Mo. da. yr.)	that I last saw h— alive on Sep 2 1927
7 AGE ___ yrs. ___ mos. ___ ds. If less than 2 years state if breast fed Yes___ No___ If less than 1 day ___ hrs. ___ min.	and that death occurred, on the date stated above, at 8 P m.
8 OCCUPATION (a) Trade, profession or particular kind of work: Infant (b) General nature of industry, business or establishment in which employed (or employer): [illegible]	The CAUSE OF DEATH* was as follows: Pneumonia ___ (duration) ___ yrs. ___ mos. ___ ds.
9 BIRTHPLACE (State or country): Ga	CONTRIBUTORY (Secondary) ___ (duration) ___ yrs. ___ mos. ___ ds.
PARENTS 10 NAME OF FATHER: Tom J. Wilmot	
11 BIRTHPLACE OF FATHER (State or country): Ga	Where was disease contracted, if not at place of death
12 MAIDEN NAME OF MOTHER: Emma Jordan	Did an operation precede death? ___ Date of ___
13 BIRTHPLACE OF MOTHER (State or country): Ga	Was there an autopsy? ___ What test confirmed diagnosis? ___
	(Signed) G M Parker M. D.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) T. J. Wilmot (Address) Ashland Ga	___ 192_ (Address) Carnesville Ga
	19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Zion / DATE: Sep 3 1927
15 Filed Sep 3 1927 J A Dalrymple LOCAL REGISTRAR	20 UNDERTAKER: D D Garner / ADDRESS: [illegible]

Physicians should state EXACTLY. Exact statement of OCCUPATION is very important ... may be properly classified.