BUREAU OF VITAL STATISTICS

Form No. 12

County of Franklin 7

Militia District of Middle R. Registration District No. Registered No.

City of (No. St.)

2 FULL NAME Elmer Doyle Rich

Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): [illegible]

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH. (Mo. da. yr.)

7 AGE yrs. 7 mos. 20 ds.
If less than 2 years state if born? Yes No
If less than 1 day hrs. mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work +
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Franklin Co

10 NAME OF FATHER Elmer Rich

11 BIRTHPLACE OF FATHER (State or country) Oconee Co

12 MAIDEN NAME OF MOTHER Dollar

13 BIRTHPLACE OF MOTHER (State or country) Franklin

I THE ABOVE IS TRUE

Informant

(Address) Royston Ga

Recorded 3/10 19 26 [illegible] Registrar

MEDICAL PARTICULARS

15 DATE OF DEATH 2/14 19 26

17 I HEREBY CERTIFY, That I attended deceased from 2/12 19 26 to 2/14 19 26

that I last saw him alive on 2/14 19 26

and that death occurred on the date stated above, at 1250 O'M.

The CAUSE OF DEATH was as follows:

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

16 Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) W Z Kinnett M. D.

(Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cedar Church | DATE: 2/15 19 26

20 UNDERTAKER: Weatherly & Brooks | ADDRESS

PARENTS