CERTIFICATE OF DEATH, CITY OF ATLANTA

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Fulton State Ga Registered No.
Township or Village
City Atlanta No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joe Chamblee
(a) Residence. No. St. Ward
(Usual place of abode)
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): Widower	16 DATE OF DEATH (Month, day, and year) May 21 1918
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1918 to May 21 1918, that I last saw h... alive on May 21 1918, and that death occurred, on the date stated above, at
6 DATE OF BIRTH (month, day, and year) Nov 7-1850	The CAUSE OF DEATH* was as follows:
7 AGE Years 68 Months Days · If LESS than 1 day, ...hrs. or ...min.	62
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(duration) 3 yrs. 6 mos. ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) (State or country) Ga	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER Unknown	Did an operation precede death? No Date of
11 BIRTHPLACE OF FATHER (City or town) (State or country)	Was there an autopsy? No
12 MAIDEN NAME OF MOTHER Unknown	What test confirmed diagnosis? (Signed) M.D. Carter, M.D. , 19 (Address)
13 BIRTHPLACE OF MOTHER (City or town) (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 Informant Mrs. H. Evans (Address)	19 PLACE OF BURIAL, CREMATION OR REMOVAL Griffin, Ga · DATE OF BURIAL 5/23 1918
15 Filed 1918, Registrar	20 UNDERTAKER · ADDRESS Atlanta

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I hereby certify that the foregoing is a true and correct copy of the above certificate as appears on file in the office of ... of Fulton County, Georgia.

Signed