To be exchanged when properly filled out at Board of Health Office, City Hall, for burial permit. ALL BLANKS TO BE FILLED OUT WITH INK ONLY BY PHYSICIAN, except 15 and 16, which will be filled by Undertaker.

RETURN OF A DEATH.

COUNTY OF FULTON,
CITY OF ATLANTA.

State of Georgia.

Date of Burial Permit.
NOV 3 - 1905

No. of Burial Permit.
2726

NO INCOMPLETE RETURN WILL BE ACCEPTED.

1. NAME IN FULL Mrs Lizzie Chambliss

2. SEX: ~~Male.~~ Female.

3. COLOR: White. ~~Black (or Mulatto, Quadroon or Octoroon).~~

4. CONJUGAL CONDITION: ~~Single.~~ ~~Widowed.~~ Married. ~~Divorced.~~

NOTE.—For Questions 2, 3 and 4, strike out words not applicable.

5. DATE OF DEATH: Year 1905 Month 11 Day 3

6. OF BIRTH: Year 1859 Month ..... Day .....

7. AGE: Years 46 Months ..... Days .....

8. Occupation Housewife
Return occupation for all persons 10 years of age and over.

9. PLACE OF BIRTH Ga.

10. BIRTHPLACE OF FATHER "

11. BIRTHPLACE OF MOTHER "

STATE OR COUNTRY.

12. DISEASE OR CAUSE OF DEATH: DURATION

Immediate Cause Typhoid Fever

Primary or Contributing Cause .....

Place where disease was contracted, if other than place of death .....

13. PLACE OF DEATH, No. 170 Sydney Street 3 Ward

If death occurred in an Institution, give name of same .....

Length of time deceased was an inmate ..... and previous residence.

14. LATE RESIDENCE 170 Sydney st

Length of Residence (in city or town) .....

15. UNDERTAKER Harry G. Poole & Co.

16. PLACE OF INTERMENT Forsyth Ga.

Signature J C White
(Of Physician or Coroner.)

Date of Certificate Nov 3 1905

Margin Reserved for Binding. Fill Out with Ink Only, and Write Plainly.

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

Signed Kate Price Registrar, V.S.

J F Hackney M.D.
Commissioner of Health
Fulton County