

GEORGIA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

State File No. _____

1957

BIRTH NO. _____ Militia Dist. No. 411 Custodian's No. 228

1. Place of Death
County HALL
City or Town GAINESVILLE
In City Limits Yes No LENGTH OF STAY (in this place) 1 Day

2. Usual Residence (Where deceased lived. If institutional residence before admission)
State Alabama County Mobile
City or Town Mobile
In City Limits Yes No LENGTH OF STAY (in this place) DR

Name of Hosp. or Institution Hall County Hospital Length of Stay 13 Hrs
Street Address or R. F. D. and Box No. 172 So Georgia Ave

3. NAME OF DECEASED (Type or Print)
a. (First) TRY b. (Middle) MOORE c. (Last) GRIFFIN

4. DATE OF DEATH (Month) (Day) (Year)
8 25 57

5. SEX M 6. RACE W 7. BIRTHPLACE (State or foreign country) Thomasville, Ala 8. CITIZEN OF WHAT COUNTRY? USA

9. DATE OF BIRTH 1-16-1896 10. AGE (in years) UNDER 1 YEAR Months 61 Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Baseball Scout 12. KIND OF BUSINESS OR INDUSTRY Baseball

13. MARRIED NEVER MARRIED IF MARRIED or Widowed Give Name of Spouse Edna Miller 14. MOTHER'S MAIDEN NAME Edna Miller

15. BURIAL REMOVAL CREMATION DATE Aug 28, 1957 NAME OF CEMETERY OR CREMATORY Removal

16. EMBALMER'S ADDRESS GAINESVILLE, GA

17. EMBALMER'S SIGNATURE John Hubert Hesters Jr LICENSE NO. 1921

18. FUNERAL DIRECTOR Rache Undertaking Co. LICENSE NO. 204

19. FUNERAL DIRECTOR'S ADDRESS Mobile Alabama

20. INFORMANT Mrs. I. M. Griffin

21. INFORMANT'S ADDRESS Mobile, Ala.

22. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) See Reverse Side

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Brain Damage, severe

ANTECEDENT CAUSE DUE TO (b) Auto Accident

Morbid conditions, if any, give rise to the above cause (a) see the underlying cause last. DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

23. DATE OF OPERATION _____ MAJOR FINDINGS OF OPERATION _____

24. AUTOPSY? Yes No

25. ACCIDENT PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ INJURY OCCURRED While at Work Not While at Work

(CITY OR TOWN) (COUNTY) (STATE) Howell County GA TIME (Month) (Day) (Year) (Hour) OF INJURY 24 Aug 57 11 AM

26. I hereby certify that I attended the deceased from 1 AM 24 Aug 57 to 1 AM 25 Aug 57 that I last saw the deceased alive on 1 AM 25 Aug 57 and that death occurred at 1 AM from the causes and on the date stated above.

27. SIGNATURE Walter Ferguson Degree or Title _____

28. DATE REC'D BY LOCAL REG 8-28-57 29. REGISTER'S SIGNATURE Walter Ferguson ADDRESS _____ DATE SIGNED _____

MEDICAL CERTIFICATION