

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Was death due to insanitary or dangerous conditions or occupations?

CERTIFICATE OF DEATH
 GEORGIA STATE BOARD OF HEALTH
 Bureau of Vital Statistics

13344

STATE FILE NUMBER

1 PLACE OF DEATH

State—Georgia

County Jones

Militia District No. Amey

Registered No. 48

City or Town Haddock Ga.

(If death occurred in a hospital or institution, give its NAME instead of street and number). St. _____ Ward _____

2 FULL NAME

(a) Residence Haddock, Ga.

(Usual place of abode, street and number)

Length of residence in city or town where death occurred

yrs. mos. ds.

If NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 Color or Race

White

5 Single, Married, Widowed, or Divorced (write the word).

married

5a Name of Husband or Wife, if Married, Widowed or Divorced.

Bertha Hoyle

6 DATE OF BIRTH (month, day and year)

11-17-69

7 AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.

or _____ min.

59

5

16

8 OCCUPATION

(a) Trade, Profession or particular kind of work

(b) General nature of Industry Business or Establishment in which employed (or employer)

baseball manager
owner

9 BIRTHPLACE

(State or Country)

Augusta, Georgia

10 NAME OF FATHER

O.K.

11 BIRTHPLACE OF FATHER

(State or Country)

O.K.

12 MAIDEN NAME OF MOTHER

R.K.

13 BIRTHPLACE OF MOTHER

(State or Country)

O.K.

14 The Above is True to the Best of My Knowledge.

(Informant) Mrs. Geo. A. Stallings

(Address) Haddock, Ga.

15

Filed 5/21/29

1929

Registrar J. B. Markson

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(month, day and year)

May 13

1929

17 I HEREBY CERTIFY, That I attended deceased from

August, 1928, to May 13, 1929

that I last saw him alive on May 10, 1929

and that death occurred, on the date stated above at 7 A. m.

The CAUSE OF DEATH was as follows:

Valvular Heart Disease

CONTRIBUTORY

(Secondary)

(duration)

2 yrs.

mos.

ds.

(duration)

1 yrs.

mos.

ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Edwin W. Allen, M.D.

(Address) Willedgeville, Ga.

19 Place of Burial, Cremation, or Removal Date of Burial

Riverside Cemetery 5/16/29

20 UNDERTAKER

Address Madison Ga