

GEORGIA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH

317

State File No. \_\_\_\_\_  
Custodian's No. 45

BIRTH NO. \_\_\_\_\_ Militia Dist. No. \_\_\_\_\_

1. Place of Death  
(a) County CHATHAM  
(b) City or Town SAVANNAH  
(c) LENGTH OF STAY (in this place) \_\_\_\_\_  
(If Outside City or Town Limits, Add Rural)

2. Usual Residence (Where deceased lived, Institutions residence before admission)  
(a) State GA (b) County BIYAN  
(c) City or Town COLONIAL ISLANDS LENGTH OF STAY (in this place) \_\_\_\_\_  
(If Outside City or Town Limits, Add Rural)  
(d) Street Address Box No. \_\_\_\_\_ R. F. D. \_\_\_\_\_ Box No. MIDNAY GA

3. NAME OF DECEASED  
(Type or Print) a. (First) MARTIN b. (Middle) GORDIN c. (Last) AUTRY

4. DATE OF DEATH (Month) (Day) (Year)  
JAN 26 1950

5. SEX MALE 6. RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. If Married or Widowed Give name of Spouse MARY SAUER 9. AGE (in years) 46 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DR. B. D. (CUB.)

10b. KIND OF BUSINESS OR INDUSTRY PHARMACEUTICAL

11. BIRTHPLACE (State or foreign country) TEXAS

12. CITIZEN OF WHAT COUNTRY?  AMERICAN

13. FATHER'S NAME JOSEPH M. AUTRY

14. MOTHER'S MAIDEN NAME IDELL MAULDEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT Mrs. MARY B. AUTRY

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. Condition or complication directly leading to Death\* Cerebral thrombosis

Morbid condition, if any, giving rise to above cause hypertension

(c) Underlying cause of death \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death None

INTERVAL BETWEEN ONSET AND DEATH 10 days

18a. DATE OF OPERATION \_\_\_\_\_

18b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

Diagnosis: \_\_\_\_\_

Clinical  Lab.  X-Ray

21a. ACCIDENT (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY OR TOWN) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED While at Work  Not While at Work

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from January 15 1950 to January 26 1950 that I last saw the deceased alive on January 26 1950, and that death occurred at 10 A.M. from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_

23b. ADDRESS Savannah Ga

23c. DATE SIGNED 26 June 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 7/27/50

24c. NAME OF CEMETERY OR CREMATORY ?

24d. LOCATION (City or Town) (County) (State) Woodsboro Tex

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1-27-50 Era L. Righton

25. FUNERAL DIRECTOR Irving Henderson ADDRESS Federal Home 2

Rev. 1-1-49

V. S. - 12

REGISTRAR: CHECK CERTIFICATE CAREFULLY