

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

3567

1. PLACE OF DEATH

County of _____ State _____ Registered No. 787
 Township _____ or Village _____ or
 City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

L. G. Bailey
 a Residence No. 1015 Walnut 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

3 SEX Male **4 COLOR or RACE** white **5 Single, Married, Widowed or Divorced.** Married

6 If married, widowed or divorced
HUSBAND of or **WIFE of** Married

6 DATE OF BIRTH month, day and year.

7 AGE Years Months Days IF LESS than 1 day..... hrs. or..... min.
 48

8 OCCUPATION OF DECEASED
 a Trade, Profession, or particular kind of work. Insurance
 b General nature of industry, business, or establishment in which employed or employer.
 c Name of employer

9 BIRTHPLACE (city or town) (State or County) NOT GIVEN

10 NAME OF FATHER NOT GIVEN

11 BIRTHPLACE OF FATHER (State or County) (city or town) NOT GIVEN

12 MAIDEN NAME OF MOTHER NOT GIVEN

13 BIRTHPLACE OF MOTHER (State or County) (city or town) NOT GIVEN

14 Informant (Address) NOT GIVEN

15 Filed NOV 30 1917 T. H. Mayhew REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH month, day and year 11/19/1917

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____m, The CAUSE OF DEATH* was as follows:

Septicemia
 _____ (duration) _____yrs. _____mos. _____ds.

CONTRIBUTORY Secondary duration _____yrs. _____mos. _____ds.

18 Where was disease contracted
 If not at place of death? _____

Did an operation precede death? _____ Date _____

Was there an autopsy? _____

What test confirmed diagnosis? _____
 (Signed) Just Rose, M. D., 19 (Address) _____

*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. See reverse side for additional space.

19 Place of Burial, Cremation or Removal Riverside Cem. **Date of Burial** 11/20/1917

20 UNDERTAKER L. H. Burchard ADDRESS MACON, GA.