

1. Place of Death
a. County Gwinnett
b. City or town Marietta
c. Name of Hospital or Institution _____
d. Length of stay: in hospital _____ in this community _____

2. Usual residence of deceased
a. State Georgia b. County Gwinnett
c. City or town Marietta
d. Street No. _____
e. If foreign-born, how long in U.S.A.? _____

3a. Full name Jay Brown Wings

3b. If veteran, name war _____
3c. Social Security Number _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATION

4. Sex male & Race White & Single, widowed, married, divorced married
5a. If married, widowed, divorced, give name of husband or wife Wings
5b. Age of husband or wife, if alive _____
7. Date of birth of deceased _____

20. Date of death March 1st year 1941
21. I hereby certify that I attended the deceased from September 1938 to March 1st 1941
I last saw him alive on 2/28/41 1941
Death occurred on the date stated above at 5:30 P.M. Duration _____

8. Age 50 years _____ months _____ days _____ hrs. _____ min.
9. Birthplace Hainesville Ga
10. Usual occupation Ball player

cause of death Stagnulation from Chronic Bronchoclastic Ulcers of Lung
due to: Chronic Bronchitis

11. Industry or business _____
12. Name Dr. A. H. Wings Sr.
13. Birthplace _____
14. Maiden name Alice Smith Wings
15. Birthplace Hainesville Ga

due to: _____
Other morbid conditions _____
(including any pregnancy within 3 months of death)
Major findings of operative none
of autopsy none

16a. Informant's own signature J. J. Wings
16b. Address Robertson St
16c. Burial, cremation, or removal Burial

22. If death was due to external causes, list in the following:
a. Accident, suicide, or homicide (specify) _____ b. Date of occurrence _____
c. Where did injury occur? _____ city or town _____ county _____ state _____
d. Did injury occur in or about home, on large, in industrial place, in public place? _____ e. While at work? _____

17b. Place Marietta Ga 17c. Date 3-2-41
18. Signature of person burying the body J. J. Sessions Funeral Ho
Dorcross Ga

f. Means of injury _____
19. Signature of physician Jay Wings
Camden Ga

19. Registrar's own signature G. E. Morten Date filed with local health officer 3-2-41
Grace Morten DeBry

20. Signature of physician Jay Wings
Camden Ga Date signed _____

MOTHER FATHER

PHYSICIAN
Underline the one cause above to which death should be charged statistically.