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GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE NO. **802 24**
FOR STATE REGISTRAR

BOVS.
FORM **11**

1 PLACE OF DEATH
COUNTY Dawson

MILITIA DISTRICT 820

TOWN OR CITY Douglasville Ga. B. 1 ST. REG. DIST. NO. _____ REGISTERED NO. 802

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Berry H. Stephens

RESIDENCE, CITY Douglasville Ga. B. 1 ST. _____

18 Length of residence in city or town where death occurred yrs. mos. dys. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL PARTICULARS		
3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, DIVORCED <u>married</u>	6 DATE OF DEATH <u>Jan. the 2</u> 192 <u>8</u>		
5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marley Stephens</u>			17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Oct 11</u> 192 <u>7</u> , TO <u>Jan 2</u> 192 <u>8</u>		
9 DATE OF BIRTH, (MO. DY. YR.) <u>2/4/1868</u>			AND THAT I LAST SAW HIM LIVE ON <u>Jan 1</u> 192 <u>8</u>		
7 AGE <u>49</u> yrs. <u>10</u> mos. <u>28</u> dys. IF LESS THAN 2 YEARS state if breast fed Yes ___ No ___ IF LESS than 1 day ___ hrs. ___ mins.			AT <u>8</u> P.M. THE CAUSE OF DEATH WAS AS FOLLOWS:		
8 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK. (b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) <u>farming</u>			<u>Cerebral Hemorrhage</u> <u>code on Begin</u> (DURATION) YRS. <u>2</u> MOS. <u>22</u> DYS.		
9 BIRTHPLACE (STATE OR COUNTRY) <u>Dawson Ga.</u>			CONTRIBUTORY (SECONDARY) <u>Tuberculosis Hemorrhage</u> (DURATION) YRS. <u>2</u> MOS. <u>22</u> DYS.		
10 NAME OF FATHER <u>Asberry Stephens</u>			WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? <u>100</u>		
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) <u>S. C.</u>			DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF _____		
12 MAIDEN NAME OF MOTHER <u>Marley Bruce</u>			WAS THERE AN AUTOPSY? <u>No</u> WHAT TEST CONFIRMED DIAG. _____		
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) <u>Ga.</u>			NOSIS _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) <u>James Stephens</u> (ADDRESS) <u>Atlanta Ga</u>			(SIGNED) <u>Dr. R. H. Crumblut</u> M. D. <u>2/7</u> 192 <u>8</u> (ADDRESS) <u>Lawrence Ga</u>		
15 FILED <u>2/7</u> 192 <u>8</u> <u>Pat Dunnean</u> LOCAL REGISTRAR			19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE <u>Dumping camp pond 1/4</u> 192 <u>8</u>		
			20 <u>Stow Bell</u> UNDERTAKER (ADDRESS) <u>Gainesville Ga</u>		

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.)

Medical Particulars must be signed by Physician, Coroner or Registrar.