

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH
FILE No.

For State Registrar Only.
24510

1. Place of Death

County of: Ware

Militia District of: Registration District No.: 1231 Registered No.:

City of: Waycross Ga (No. 18 Effie St.)

2. FULL NAME: Phoebe Brooks

Residence No. 18 Effie St (Usual place of abode): St. (If non-resident give city or town and State):

(If death occurred in a Hospital or Institution gives its NAME instead of street and number.)

Length of residence in city or town where death occurred ___yrs. ___mos. ___ds.

How long in U.S., if of foreign birth? 0 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jamie Brooks

6. DATE OF BIRTH, (Mo. da. yr.):

AGE: 29 yrs. - mos. - ds.

If less than 2 years state if breast fed: Yes ___ No ___

If less than 1 day: ___hrs. ___mins.

8. OCCUPATION:

(a) Trade, profession or particular kind of work: Home Keeper

(b) General Nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or county): Ware Co.

PARENTS

10. NAME OF FATHER: James Lesense

11. BIRTHPLACE OF FATHER (State or county): S.C.

12. MAIDEN NAME OF MOTHER: Ellen-

13. BIRTHPLACE OF MOTHER (State or county): S.C.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Lesense

(Address) 18 Effie St

15. Filed Aug 13 1920 JR Scully Registrar

MEDICAL PARTICULARS

16. DATE OF DEATH: Aug 13 1920

17. I HEREBY CERTIFY, That I attended deceased from ____ to ____, that I last saw her alive on 8-13-, 1920, and that death occurred on the date stated above, at 9 Am.

THE CAUSE OF DEATH was as follows: Puerperal Eclampsia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary): Child Birth

(duration) ___ yrs. ___ mos. 1 ds.

Where was disease contracted, if not at place of death: 18 Effie Waycross Ga

Did an operation precede death?: no

Date of:-

Was there an autopsy?: no

What test confirmed diagnosis?:-

(Signed) EW Verner

19 (Address) Waycross Ga

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Red Hill Cemetery

DATE: 8/16/20

20. UNDERTAKER: W.C. Odol + Co

ADDRESS: Waycross Ga