

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

15301
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STATE FILE NUMBER

1. PLACE OF DEATH

State—Georgia.

County: Ware Militia District No.: 1231 Registered No.: _____

City or Town: Waycross No. 1116 Thomas ST. _____ Ward

(If death occurred in hospital or institution, gives its NAME instead of street and number.)

2. FULL NAME: Franklin E Duvette

(a) Residence (Usual place of abode, street and number): Waycross _____ (If NON-RESIDENT give city or town and state)

Length of residence in city or town where death occurred: ___ yrs. ___ mos. ___ dys.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or race: Col

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

5a. Name of Husband or Wife, if Married, Widowed or Divorced:

6. DATE OF BIRTH (month, day and year):

7. AGE: ___ Years 4 Months 2 Days.

IF LESS than 1 day: ___ hrs. or ___ min.

8. OCCUPATION:

(a) Trade, Profession or particular kind of work: None

(b) General nature of Industry, Business or Establishment in which employed (or employer):

9. BIRTHPLACE (State or County): Ware

10. NAME OF FATHER: Moris Duvette

11. BIRTHPLACE OF FATHER (State or County): Ga.

12. MAIDEN NAME OF MOTHER: Eda Mae Dapson

13. BIRTHPLACE OF MOTHER (State or County): Ga

14. The Above is True to the Best of My Knowledge

(Informant) Eda Mae Dapson

(Address) 1116 Thomas st

15. Filed 6/20, 1927

Registrar G E Atwood

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): June 19, 1927

17. I HEREBY CERTIFY, that I attended deceased from

No attending physician

___ to ___, that I last saw h__ alive on ___, and that death occurred on the date stated above, at 3PM.

The CAUSE OF DEATH was as follows: Premature birth (161a)

(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 of:

Was there an autopsy?:

What test confirmed diagnosis?:

(Signed) G. E. Atwood, M.D.

(Address) Waycross Ga

19. Place of Burial, Cremation or Removal: Red Hill Cem

Date of Burial: Jun 20, 1927

20. UNDERTAKER: Sonny Smith

Address: Waycross