

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

24510

FILE No.
For State Registrar Only.

B. O. V. S.
FORM 11

1 Place of Death County of Ware

Militia District of _____ Registration District No. 1731 Registered No. _____

City of Waycross Ga (No. 186 Effie St.)

2 FULL NAME Phoebe Brooks

Residence No. 186 Effie St St.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. (If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced Widowed (or) WIFE of James Brooks

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

7 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 House keeper
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Ware Co.

10 NAME OF FATHER James Tesense

11 BIRTHPLACE OF FATHER (State or country) S. C.

12 MAIDEN NAME OF MOTHER Ellen

13 BIRTHPLACE OF MOTHER (State or country) S. C.

14 THE ABOVE IS TRUE (Informant) James Brooks
(Address) 186 Effie St

15 Filled Aug 13 1920 J. P. Sweeney Registrar

16 DATE OF DEATH Aug 13 1920

17 I HEREBY CERTIFY, That I attended deceased from that I last saw him 9 allve on 8-13- 1920

and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:

Periparturient Eclampsia
(138)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Child birth

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted? 18 Effie Waycross Ga

Did an operation precede death? _____ Date of _____

Was there an autopsy? Yes What test confirmed diagnosis? _____

(Signed) E. W. Wernier M. D.

19 (Address) Waycross Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

Red Hill Cemetery 8/16/2019

20 UNDERTAKER W. G. Odol & Co. ADDRESS _____

Waycross Ga

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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