MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supp'ed. 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.

1. PLACE OF DEATH

County of Edgefield

Township of Merriwether

or

City of

Home Address Rt 3. Augusta Ga.

2. FULL NAME Annie Frank Jones

Standard Certificate of Death

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

8928

Registration District No. 1806

Registered No. _____ (For use of Local Registrar)

(No. _____ St. ; _____ Ward)

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

Residence— In City ____ Yrs. ____ Mos. ____ Days

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of child —

6. DATE OF BIRTH (Month, day, and year)

7. AGE	Years	Months	Days	If less than 1 day, ____ hrs. or ____ min.
	3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country) SC.

FATHER

13. NAME Cary Jones

14. BIRTHPLACE (city or town) (State or Country) SC.

MOTHER

15. MAIDEN NAME Maggie Whitlock

16. BIRTHPLACE (city or town) (State or Country) SC.

17. INFORMANT (Address) George Sawing Rt 3. Augusta Ga.

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Hill Date June 12, 1938

19. UNDERTAKER Zion Sons & Daughters

(Address) Rt 3. Augusta Ga Millhurst

20. FILED June 12, 1938 Mrs Eva Cooper

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 11, 1938

I last saw her alive on June 10, 1938, death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Lobar Pneumonia	
Ut Loose Bowels & Vomiting	
Coma.	

Was pregnancy or childbirth a contributory cause of death? /

Contributory causes of importance not related to principal cause: Measles

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) N. B. Mealing M. D.

(Address) 733 Broad St Augusta Ga