

V. 2-2 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? at place of death?

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

14883

1. PLACE OF DEATH		Registered No. 15-	
County <u>Fulton</u>	Middle District (Number and Name) <u>4 Fairburn - 1134</u>	State of Georgia	
City or Town <u>Fairburn</u>	Length of residence in this city or town: Yrs. <u>4</u> Mos. <u>0</u> Da. <u>0</u>	NON-RESIDENT (Yes or No)	
Street and Number (No.)	(Street)	Word	
(If death occurred in a hospital, give its name instead of street and number)			
2. FULL NAME <u>Mrs. Sara C. Duggan</u>			
Residence (City or Town) <u>Fairburn</u>		(Street and Number) <u>1</u> (State) <u>Ga</u>	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Widowed</u>	
6. DATE OF BIRTH (month, day, year) <u>June 5 1849</u>			
7. AGE <u>88</u> Years <u>10</u> Months <u>27</u> Days <u>0</u> Hours <u>0</u> Minutes			
8. OCCUPATION			
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.			
(c) Date deceased last worked at this occupation (month and year)			
(d) Total years spent in this occupation			
9. BIRTHPLACE (P. O. Address) <u>Campbell Co.</u>			
10. NAME <u>Miles Rainwater</u>			
11. BIRTHPLACE (P. O. Address) <u>Campbell Co.</u>			
12. MAIDEN NAME <u>Lillian Thompson</u>			
13. BIRTHPLACE (P. O. Address) <u>Not Known</u>			
14. INFORMANT			
(Signed) <u>Mrs. Robert W. Johnston</u>			
(Address) <u>Fairburn, Georgia</u>			
15. BURIAL PLACE			
(Cemetery) <u>Bethlehem Cemetery</u>			
(Postoffice) <u>Fairburn R.F.D.</u> (Date) <u>May 7 1938</u>			
16. UNDERTAKER			
(Signed) <u>Kedzie Bros.</u>			
(Address) <u>Fayetteville Ga</u>			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (Month, Day, Year) <u>19</u> at (Hour) <u>11</u> M			
17. I HEREBY CERTIFY That I attended the deceased from <u>April 8 1938</u> to <u>May 2 1938</u>			
I last saw him alive on <u>May 2 1938</u> death is said to have occurred on the date and hour signed above.			
The principal cause of death and related causes of importance in the order of onset and duration of each:			
<u>Broken at hip</u>			
Other contributory causes of importance:			
<u>Senility (89 yrs)</u>			
What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory or clinical) <u>Clinical Symptoms</u>			
If death was due to external causes (violence) fill in also the following:			
Was injury an accident, suicide, or homicide? <u>Accidental</u>			
Where did injury occur? (Specify city or town, if outside of limits of the county, and also the state) <u>Her home</u>			
Did injury occur in a home, public place, or industry? <u>Her home</u>			
Manner of injury <u>Broken at hip</u>			
Name of injury <u>Broken at hip</u>			
(Signed) <u>A. J. Green M.D.</u>			
(Address) <u>Union City Ga</u>			
18. FILED <u>June 18 - 1938</u>			
(Signed) <u>Mrs. W. W. Pinner - Dept</u>			
(Local Registrar)			

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the authority of Chapter 31-10, Vital Records, Code of Georgia.

Michael R. Lavoie

State Vital Records
 Registrar and Custodian
 Director, Vital Records
 Service

Issued by: CR Lavoie

Date Issued: 10-24-89
 (Void without original
 signature and impressed seal).

#1306