

E OF DEATH

LOCAL REGISTRAR'S RECORD OF DEATH
GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

12

6931

IST. No.

Seaside

ST. REG. DIST. No. _____ REGISTERED No. _____
DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

NAME *Edmond Coagan*

RESIDENCE, CITY *Memphis Tenn*

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED

YRS.

MOS.

DYS.

(IF NOT NON-RESIDENT GIVE CITY OR TOWN AND STATE)

YRS.

MOS.

DYS.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

DIVORCED (WRITE THE WORD)

Married

MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

OR WIFE OF

DATE OF BIRTH, (MO.)

DAY

YEAR

AGE

71

YRS.

MOS.

DYS.

LESS THAN 2 YEARS

IF LESS

IF BREAST FED YES NO

IF LESS

THAN 1 DAY

HRS.

MINS.

OCCUPATION

1) TRADE, PROFESSION OR

2) PARTICULAR KIND OF WORK

3) GENERAL NATURE OF INDUSTRY,

4) BUSINESS OR ESTABLISHMENT IN

5) WHICH EMPLOYED (OR EMPLOYER)

BIRTHPLACE

(STATE OR COUNTRY)

10 NAME OF

FATHER

11 BIRTHPLACE

OF FATHER

(STATE OR COUNTRY) *#*

12 MAIDEN NAME

OF MOTHER

BIRTHPLACE

OF MOTHER

(STATE OR COUNTRY) *7*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

INFORMANT

(ADDRESS)

6, D. T. Thomas

Douglasville Ga

April 9, 1927

J. H. Gordon

L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH

March 10

1927

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

192

TO

192

THAT I LAST SAW HIM ALIVE ON

192

AND

THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT

THE CAUSE OF DEATH WAS

2nd Phis

Red Blood

(DURATION)

YRS.

MOS.

DYS.

CONTRIBUTORY

(SECONDARY)

(DURATION)

YRS.

MOS.

DYS.

WHERE WAS DISEASE CONTRACTED,

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAG-

NOSES?

(SIGNED)

M. D.

192 (ADDRESS)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Seaside Ga

3/10

1927

20 UNDERTAKER

ADDRESS

none