

**CERTIFICATE OF VITAL RECORD**

VERIFY PRESENCE OF WATERMARK      HOLD TO LIGHT TO VIEW

**CERTIFICATE OF DEATH**  
 GEORGIA STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

**3688**  
 STATE FILE NUMBER

**1 PLACE OF DEATH**

State—Georgia. County Ware Militia District No. 1256 Registered No. \_\_\_\_\_  
 City or Town Millwood No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

**2 FULL NAME**

James C. L. Bennett  
 (a) Residence Millwood Ga.  
(Usual place of abode, street and number)  
 Length of residence in city or town where death occurred yrs. mos. ds. If NON-RESIDENT give city or town and state of residence.

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Male **4 Color or Race** White **5 Single, Married, Widowed, or Divorced** Widowed  
(write the word)

**5a Name of Husband or Wife, if Married, Widowed or Divorced.**  
Mattie B. Besley

**6 DATE OF BIRTH** (month, day and year)

**7 AGE** Years 88 Months 7 Days 11  
If LESS than 1 day, hrs. or min.

**8 OCCUPATION**

(a) Trade, Profession or particular kind of work Farmer  
 (b) General nature of Industry Business or Establishment in which employed (or employer) Farming

**9 BIRTHPLACE**

(State or Country) Ware Co Ga

**10 NAME OF FATHER**

Richard Bennett

**11 BIRTHPLACE OF FATHER**

(State or Country) Ga

**12 MAIDEN NAME OF MOTHER**

Mary McDougal

**13 BIRTHPLACE OF MOTHER**

(State or Country) Ga

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

(Informant) J. W. Casender

(Address) Millwood Ga

**15**

Filed 4/9, 1930

Registrar J. H. Tison

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH**

(month, day and year) 4/8 1930

**17 I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,

and that death occurred, on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows:  
old age or natural causes, and indigestion

(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) J. H. Tison, Registrar

(Address) Millwood Ga

**19 Place of Burial, Cremation, or Removal** Date of Burial

Harvards Cemetery 4/9 1930

**20 UNDERTAKER**

Address \_\_\_\_\_

VOID IF ALTERED OR ERASED

B. V. S.—Form 51.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information 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. Was death due to insanitary or dangerous conditions or occupations?

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF COMMUNITY HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 290-1-3, DCH RULES AND REGULATIONS. Any reproduction of this document is prohibited by statute. Do not accept unless on security paper with seal of Vital Records clearly embossed. Chapter 31-10, Code of Georgia as amended.

Kenneth E. Casender  
 State Registrar

James H. Tison  
 County Registrar

**WARNING:**

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND, EMBOSSED SEAL AND THERMOCHROMIC INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

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Form 3972 (Rev. 8/10)