

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

FILE No.
 For State Registrar Only.
 29469

G. O. V. S.
 FORM 11

1 Place of Death
 County of Rabun

Military District of _____ Registration District No. 587 Registered No. 8

City of Mountain City (No. _____ St.)

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

2 FULL NAME Henry Barry Dotson

Residence No. Mountain City, Ga. St. _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS	
3 SEX Male	4 COLOR OR RACE White	5 Single, Married, Widowed, or Divorced (write the word) Widower	16 DATE OF DEATH October 23rd 1920	
5a If married, widowed, or divorced HUSBAND of Rebecca Dotson (or) WIFE of			17 I HEREBY CERTIFY that I attended deceased from Oct. 10th to Oct. 23rd 1920 that I last saw him alive on Oct. 23, 1920	
6 DATE OF BIRTH, (Mo. da. yr.) 1851 - 18 - Oct.			and that death occurred, on the date stated above, at 2.15 P. m. The CAUSE OF DEATH* was as follows: Primarily, septicæmia - complicated with Pneumonia and 30 hours before death had apoplexy and consequent paralysis (duration) yrs. mos. da. 14	
7 AGE 69 yrs. mos. 5 ds. If less than 2 years state if breast fed If less than 1 day Yes No hrs. mins.			CONTRIBUTORY Apoplexy (Secondary) (duration) yrs. mos. 30 hours	
8 OCCUPATION (a) Trade, profession or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer) General agriculture			18 Where was disease contracted? At home.	
9 BIRTHPLACE (State or country) Rabun Co. Ga.			Did an operation precede death? No Date of _____	
10 NAME OF FATHER Henry Dotson			Was there an autopsy? No What test confirmed diagnosis? Physical signs (signed) J. H. Cannon, M. D.	
11 BIRTHPLACE OF FATHER (State or country) Ga.			19 (Address) Clayton, Ga.	
12 MAIDEN NAME OF MOTHER Elizabeth Fox			19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE Mountain City, Ga. Oct 24 1920	
13 BIRTHPLACE OF MOTHER (State or country) --			20 UNDERTAKER ADDRESS J. H. Cannon Clayton, Ga.	
14 THE ABOVE IS TRUE (Informant) Reese Dotson (Address) Mountain City, Ga.				
15 Filed Oct. 29 1920 M. J. Cannon Registrar				

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