

CERTIFICATE OF DEATH

COMMONWEALTH OF GEORGIA

Bureau of Vital Statistics
STATE BOARD OF HEALTH

File No.—For State Registrar Only

12853

1 PLACE OF DEATH
County of DeKalb Co

Militia District of Redan

or
Inc. Town of _____

or
City of _____

2 FULL NAME Rebecca Ann L. Hunter Cook
(If unnamed child give surname preceded by "Unnamed")

Registered No. 42
(For use of Local Registrar)

(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 MALE OR FEMALE Female
(Write the word)

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. MARRIED.
(Write the word)

6 DATE OF BIRTH Sept 4th 1845
(Month) (Day) (Year)

7 AGE 74
If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or Country) DeKalb Co Ga

PARENTS

10 NAME OF FATHER Albert M Hunter

11 BIRTHPLACE OF FATHER (State or Country) Gwinnett Co Ga

12 MAIDEN NAME OF MOTHER Miss Nancy McLeod

13 BIRTHPLACE OF MOTHER (State or Country) Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. H. Cook
(Address) Stone Mountain Ga

15 Filed 9/13, 1919 C. H. Patten, Jr.
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9/11, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7/20, 1919, to 9/11, 1919 that I last saw her alive on 9/11, 1919 and that death occurred on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:
chronic nephritis
approximate 2 yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

Is this death attributed to dangerous or unsanitary conditions or employment? no

21 WAS AN AUTOPSY PERFORMED no
(Signed) R. B. Stephens, M. D.
7/12, 1919 (Address) _____

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

18 PLACE OF BURIAL OR REMOVAL Westly chapel | DATE OF BURIAL 9/13, 1919

20 UNDERTAKER Turner & Everett, Decatur
ADDRESS _____