



CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH 33 5473
 Bureau of Vital Statistics 1019

Registered No. _____

1. PLACE OF DEATH
 County Dulton Militia District (Number and Name) _____ State of Georgia
 City or Town Atlanta Length of residence in this city or town: Yrs. _____ Mos. _____ Ds. _____ NON-RESIDENT (Yes or No) _____
 Street and Number (No.) _____ (Street) Grady Hospital Ward _____
 (If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mr Herbert R. Hairston
 Residence (City or Town) 686 Highland Ave N.E. Atlanta (State) Geo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. Single, Married, Widowed, Divorced (write the word) Married

6. DATE OF BIRTH (month, day, year) Nov. 16/1891

7. AGE Years 41 Months 3 Days 27 If less than one day Hours _____ Minutes _____

8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
 (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 Ga
 (P. O. Address) _____

FATHER 10. NAME H Reed Hairston
 11. BIRTHPLACE Ga
 (P. O. Address) _____

MOTHER 12. MAIDEN NAME Not Obtainable
 13. BIRTHPLACE Not Obtainable
 (P. O. Address) _____

14. INFORMANT (Signed) A. L. Williams
 (Address) Atlanta, Ga.

19. BURIAL PLACE (Cemetery) West View Cemetery
 (Postoffice) Atlanta Date 3/14/1933

20. UNDERTAKER (Signed) Brandon-Bond-Condon Co
 (Address) Atlanta Ga. Jas Bond

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3-13 1933 at 2:30 A.M.
 (Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from 3-12-33 1933, to 3-12-33 1933.

I last saw h.l.m. alive on 3-13-33 1933, death is said to have occurred on the date and hour stated above.
 The principal cause of death and related causes of importance in the order of onset and duration of each:
Cardiac Failure - Chron.
Rheumatic Heart disease -

Other contributory causes of importance: _____

What test confirmed diagnosis? _____
 (Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external causes (violence) fill in also the following:
 Was injury an accident, suicide, or homicide? _____
 Where did injury occur _____
 (Specify city or town, if outside of limits, the county, and also the state)

Did injury occur in a home, public place or industry? _____
 Manner of injury _____
 Nature of injury _____

(Signed) J. W. Ferrara M.D.
 (Address) Grady Hosp

15. FILED MAR 14 1933 1933
 (Signed) L. J. Hamilton
 (Local Registrar)

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? Where was disease contracted if not at place of death?