

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

FILE NO.  
FOR STATE REGISTRAR  
**10046**

SO.V. 611

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In Deaths From Violent Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See Reverse Side for Additional Space.)

1 PLACE OF DEATH  
COUNTY Branley

MILITIA DISTRICT 335

TOWN OR CITY Sulston No. 335 ST. REG. DIST. NO. 335 REGISTERED NO. 5

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)

2 FULL NAME Ed. Highsmith Erastus E. Highsmith

RESIDENCE, CITY Sulston Ga. No. \_\_\_\_\_ ST. \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

3 Length of residence in city or town where death occurred yrs. 6 mos. 8 dys. 15 How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ dys. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS	
4 SEX <u>Male</u>	5 COLOR OR RACE <u>White</u>	6 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) <u>Married</u>	18 DATE OF DEATH <u>April 9th 1925</u>	17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>October 1924</u> , TO <u>April 9th 1925</u>
7a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Highsmith</u>	8 DATE OF BIRTH, (MO. DY. YR.) <u>Aug 4, 1870 1871</u>	7 AGE <u>55</u> yrs. <u>8</u> mos. <u>1</u> dys. IF LESS than 1 day _____ hrs. _____ mins.	19 THAT I LAST SAW HIM ALIVE ON <u>April 8th 1925</u> AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE AT <u>1 P. M.</u> THE CAUSE OF DEATH WAS AS FOLLOWS <u>from acute nephritis with dilation of heart</u>	
9 OCCUPATION <u>Farmer</u>	(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK <u>Farmer</u>	(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) _____	(DURATION) <u>5</u> yrs. <u>8</u> mos. <u>15</u> dys.	20 CONTRIBUTORY (SECONDARY) _____ (DURATION) _____ YRS. _____ MOS. _____ DYS.
10 BIRTHPLACE (STATE OR COUNTRY) <u>Wayne County Georgia</u>	11 NAME OF FATHER <u>Henry Highsmith</u>	12 BIRTHPLACE OF FATHER (STATE OR COUNTRY) <u>North Carolina</u>	13 MAIDEN NAME <u>Brown</u>	14 WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? <u>at place of death</u>
15 BIRTHPLACE (STATE OR COUNTRY) <u>Georgia</u>	16 NAME OF MOTHER _____	17 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) _____	18 DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF _____	19 WAS THERE AN AUTOPSY? <u>No</u> WHAT TEST CONFIRMED DIAGNOSIS _____
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.			(SIGNED) <u>D. L. Moore</u>	
(INFORMANT) <u>A. C. Highsmith</u>			15 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE <u>Nahunta</u>	
(ADDRESS) <u>Nahunta, Ga.</u>			<u>Syrens Church Cemetery</u>	
16 FILED <u>6/10</u> 19 <u>25</u> <u>A. K. Horn</u> LOCAL REGISTRAR			UNDERTAKER _____ ADDRESS _____	