

763332

CERTIFICATE OF DEATH/STATE OF GEORGIA

1. **DECEDENT'S NAME** First Middle Last: **Mary Lee BROWN**

2. **SEX**: **Female**

3. **DATE OF DEATH (Mo., Day, Year)**: **July 4, 1983**

4. **RACE (White, Black, Amer. Indian, etc.) (Specify)**: **White**

5. **ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.)**: **American**

6. **DATE OF BIRTH (Mo., Day, Year)**: **Nov. 11, 1920**

7. **AGE - Last Birthday (Year)**: **62**

8. **UNDER 1 YEAR** (Mo., Days): **7c.**

9. **UNDER 1 DAY** (Hours, Min.): **7d.**

10. **COUNTY OF DEATH**: **Jackson**

11. **CITY, TOWN or LOCATION OF DEATH**: **Commerce**

12. **HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.)**: **BJC Hospital**

13. **IF HOSPITAL OR INST. (Indicate DOA, OPI/EMER. Rm., Inpatient) (Specify)**: **Doa**

14. **STATE OF BIRTH (If not in U.S.A. name Country)**: **Tenn.**

15. **CITIZEN OF WHAT COUNTRY?**: **USA**

16. **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)**: **Married**

17. **SPOUSE (If married or widowed, give spouse's name - if wife, give maiden name)**: **Henry L. Tom Brown**

18. **WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)**: **no**

19. **SOCIAL SECURITY NUMBER**: **411-14-2094**

20. **USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: **Housewife**

21. **KIND OF INDUSTRY OR BUSINESS**: **Housewife**

22. **RESIDENCE - STATE**: **Georgia**

23. **COUNTY**: **Jackson**

24. **CITY, TOWN or LOCATION**: **Commerce**

25. **STREET AND NUMBER**: **Rt. # 4**

26. **INSIDE CITY LIMITS? (Yes or No)**: **no**

27. **FATHER'S NAME** First Middle Last: **Broadus Campbell**

28. **MOTHER'S MAIDEN NAME** First Middle Last: **James Eura Burrow**

29. **INFORMANT'S NAME** First Middle Last: **Henry L. (Tom) Brown**

30. **MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip)**: **R. # 4 Commerce, Ga. 30529**

31. **RELATIONSHIP**: **Husb.**

32. **BURIAL, CREMATION, DISPOSITION DATE REMOVAL (Specify) (Mo., Day, Year)**: **Burial 7-6-83**

33. **CEMETERY OR CREMATORY NAME**: **Blacks Creek**

34. **LOCATION (City or Town, State, Zip, County)**: **Commerce GA. 30529 Jackson**

35. **FUNERAL SERVICE LICENSEE (Signature)**: **Samuel Highsmith**

36. **ESTAB. LICENSE NO.**: **519**

37. **NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)**: **Ivie Funeral Home 636 S. Elm St. Commerce, Ga. 30529**

38. **EMBALMER (Signature)**: **Samuel Highsmith**

39. **EMBALMER LICENSE NO.**: **2374**

40. **23. IMMEDIATE CAUSE: (Enter only one cause per line for A, B, and C)**

A. **MASSIVE CARDIAC ARREST**

B. **Sudden**

41. **24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 90 days of death.)**

42. **AUTOPSY (Yes or No)**: **NO**

43. **IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)**: **NO**

44. **DATE**: **JUL 5 1984**

45. **OFFICE OF RECORDS**: **AUDITOR LAKE COUNTY**

46. **WAS OPERATION PERFORMED? (Yes or No)**: **No**

47. **DATE OF OPERATION (Mo., Day, Year)**: **26b.**

48. **CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)**: **26c.**

49. **ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)**: **27.**

50. **DATE OF INJURY (Mo., Day, Year)**: **28a.**

51. **DESCRIBE HOW INJURY OCCURRED**: **28b.**

52. **HOUR OF INJURY**: **28c.**

53. **INJURY AT WORK? (Yes or No)**: **28d.**

54. **PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)**: **29a.**

55. **LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)**: **29b.**

56. **29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)**

57. **29b. DATE SIGNED (Mo., Day, Year)**

58. **29c. HOUR OF DEATH**

59. **29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER**

60. **30a. On the basis of examination and/or investigation, my opinion of death occurring at the time, date and place is due to the cause(s) stated. (Signature and Title)**

61. **30b. DATE SIGNED (Mo., Day, Year)**

62. **30c. HOUR OF DEATH**

63. **30d. DATE PRONOUNCED DEAD (Mo., Day, Year)**

64. **30e. HOUR PRONOUNCED DEAD**

65. **30f. ON**

66. **30g. AT**

67. **31a. NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner)**: **STAN E. EVANS - CORONER**

68. **31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip)**: **RT. # 3 BOX 165 JEFFERSON, GA. 30549**

69. **REGISTRAR (Signature)**: **J.G. Wilkes**

70. **DATE RECEIVED BY REGISTRAR (Mo., Day, Year)**: **July 18, 1983**

Lat 18.812 Second add to East Mary Landers

48-29-17

CERTIFICATE OF RECORD

STATE OF GEORGIA
LAKE COUNTY
FILED FOR RECORD IN
JUL 5 10 55 AM '84
WILLIAM WILKES
REGISTRAR

STATE OF GEORGIA
COUNTY OF JACKSON

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN JACKSON COUNTY, GEORGIA.

J.G. Wilkes
Local Custodian

J.G. Wilkes
Judge/Clerk Probate Court

402 40

75