

CERTIFICATE OF DEATH

State File No.

APR 17 1957

BIRTH NO.		Militia Dist. No. 542		Custodian's No.	
1. Place of Death		2. Usual Residence (Where deceased lived. If institution, residence before admission)			
County <u>Pulaski</u>		State <u>Georgia</u> County <u>Bleckley</u> 217			
City or Town <u>Hawkinsville</u>		City or Town <u>Cochran</u>			
In City Limits ☒ No ☐		In City Limits ☒ No ☐			
LENGTH OF STAY (in this place) <u>30 days</u>		LENGTH OF STAY (in this place)			
Name of Hosp. or Institution		Street Address or P. O. Box No. <u>301 Harris Road</u>			
3. NAME OF DECEASED		4. DATE OF DEATH		5. DATE OF DEATH	
a. (First) <u>Willie</u> b. (Middle) <u>Joe</u> c. (Last) <u>Sanford</u>		(Month) <u>2</u> (Day) <u>2</u> (Year) <u>1957</u>		(Month) <u>2</u> (Day) <u>2</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>		6. RACE <u>Col.</u>		7. BIRTHPLACE (State or foreign country) <u>Georgia</u>	
CITIZEN OF WHAT COUNTRY? <u>USA</u>		15. BURIAL REMOVAL CREMATION ☒		DATE <u>3-2-1957</u>	
8. DATE OF BIRTH <u>5-1-1935</u>		9. AGE (If years, if under 1 year, if under 24 hrs.)		16. NAME OF CEMETERY OR CREMATORY <u>Pine Blom</u>	
10. MARRIED ☐ NEVER MARRIED ☒ IF Married or Widowed Give Name of Spouse		17. EMBALMER'S SIGNATURE		LICENSE NO.	
WIDOWED ☐ DIVORCED ☐ SEPARATED ☐		<u>Willie Sanford</u>		<u>None</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life) <u>Samuel's Laborer</u>		18. FUNERAL DIRECTOR		LICENSE NO.	
KIND OF BUSINESS OR INDUSTRY		<u>Samuel Hall</u>		<u>1647</u>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		19. FUNERAL DIRECTOR'S ADDRESS		20. INFORMANT	
SOCIAL SECURITY NO.		<u>Hawkinsville, Ga.</u>		<u>Evera Mae Pamphle</u>	
13. FATHER'S NAME <u>Willie Sanford</u>		21. INFORMANT'S ADDRESS		22. CAUSE OF DEATH	
14. MOTHER'S MAIDEN NAME <u>Mabel Powell</u>		<u>301 Harris Road Cochran, Ga.</u>		Enter only one cause per line for (a), (b), and (c) See Reverse Side	
23. DATE OF OPERATION		MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH	
24. AUTOPSY? Yes ☐ No ☒		25. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒		26. I hereby certify that I attended the deceased from	
PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		INJURY OCCURRED While at Work ☐ Not While at Work ☒		19. to 19. that I last saw the deceased	
(CITY OR TOWN) (COUNTY) (STATE)		TIME OF INJURY (Month) (Day) (Year) (Hour)		death occurred at 3:15 p.m. from the causes and on the date stated above	
27. DATE REC'D BY LOCAL REG. <u>4-2-1957</u>		28. REGISTRAR'S SIGNATURE <u>J. M. Butler</u>		29. SIGNATURE <u>Witnessed from</u>	
HOW DID INJURY OCCUR? <u>Struck by Unknown Object</u>		ADDRESS		DATE SIGNED <u>3-2-57</u>	