

IN WRITING 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, Sub-
 stituted, or Homicidal. (See Reverse Side for Additional Space.)

1 PLACE OF DEATH COUNTY <u>Dougherty</u>		GEORGIA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		FILE NO. FOR STATE REGISTRAR <div style="border: 1px solid black; padding: 5px; display: inline-block;">3986</div>		REG. NO. 11
MILITIA DISTRICT OR TOWN OR CITY <u>945</u> <u>Phoebe Outing Hospital</u>		ST. REG. DIST. NO. <u>945</u>		REGISTERED NO. <u>33</u>		
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.)						
2 FULL NAME <u>Charlie Harmon Howard</u>						
RESIDENCE, CITY <u>Calhoun Co Ga</u>						
3 Length of residence in city or town where death occurred yrs. mos. (5yrs. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) How long in U. S. If of foreign birth yrs. mos. d ^{ys})						
PERSONAL AND STATISTICAL PARTICULARS						
SEX <u>Male</u>		COLOR OF RACE <u>White</u>		SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>		
4 IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Howard</u>						
5 DATE OF BIRTH, (MO. DV. YRS.) <u>Nov 27th 1897</u>						
7 AGE <u>27</u> yrs. <u>2</u> mos. <u>19</u> d ^{ys} IF LESS THAN 2 YEARS state if breast fed Yes. No. IF LESS than 1 day hrs. min.						
8 OCCUPATION (A) TRADE, PROFESSION OR PARTICULAR KIND OF WORK <u>Farmer</u> (B) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)						
9 BIRTHPLACE (STATE OR COUNTRY) <u>Calhoun Co Ga</u>						
10 NAME OF FATHER <u>W J Howard</u>						
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) <u>Ga</u>						
12 MAIDEN NAME OF MOTHER <u>Aliee Ryaby</u>						
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) <u>Randolph Co Ga</u>						
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.						
(INFORMANT) <u>Mary Howard</u>						
(ADDRESS) <u>Leary Ga Route A</u>						
15 FILED <u>Feb 15</u> 19 <u>5</u> <u>J. W. McPherson</u> LOCAL REGISTRAR						
MEDICAL PARTICULARS						
5 DATE OF DEATH <u>Feb. 15th 1955</u>						
6 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb - 10, 1955</u> TO <u>Feb - 15, 1955</u>						
THAT I LAST SAW HIM/ALIVE ON <u>Feb - 15, 1955</u> AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT <u>1:20 P.M.</u> THE CAUSE OF DEATH WAS AS FOLLOWS:						
<u>Pneumonia (Pneum)</u>						
(DURATION) _____ YRS. _____ MOS. <u>6</u> DYS.						
CONTRIBUTORY (SECONDARY) <u>Had chronic nephritis</u>						
(DURATION) <u>7</u> YRS. _____ MOS. _____ DYS.						
WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? <u>WVA Hosp Ga</u>						
DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF _____						
WAS THERE AN AUTOPSY? <u>No</u> WHAT TEST CONFIRMED DIAGNOSIS? _____						
(SIGNED) <u>Al Ward</u> M. D. <u>Al Ward</u>						
15 PLACE OF BURIAL (ADDRESS) <u>Leary Ga</u> <u>Al Ward</u>						
16 BY <u>Dr. J. W. McPherson</u> <u>Al Ward</u>						
ADDRESS <u>by Dr. J. W. McPherson</u>						