

**FEDERAL SECURITY AGENCY
U. S. Public Health Service**

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH**

State File No. **11-198**

1. Place of Birth (a) County Wilkes (b) City or Town Sharon (c) Length of Stay (in this place) 7 months 7 days

2. Usual Residence (Where deceased lived, if institution; residence before admission) (a) State Ga (b) County Pauld (c) City or Town Atlanta (d) Street Address or R. F. D. No. 11111

3. Name of Decedent (a) (First) JAMES LEWIS (b) (Middle) MCLEROY (c) (Last) MCLEROY

4. DATE OF DEATH (Month) MAY (Day) 2 (Year) 1950

5. SEX Male 6. RACE White 7. MARRIAGE STATUS Married 8. I. Married or Widowed Give Name of Spouse Elizabeth McLeRoy II. Single III. Divorced IV. Widowed

9. AGE (In years if under 1; Months if under 24; Days if under 24 hours) 92

10. USUAL OCCUPATION (Give kind of work done during best of working life, even if retired) Farmer 11. PLACE OF BIRTH (State or foreign country) Ga. 12. CITIZENSHIP U.S.A.

13. FATHER'S NAME Frank W. McLeRoy 14. MOTHER'S MAIDEN NAME Lucinda Edision

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 11111 17. INFORMANT Harvey W. LeRoy

18. CAUSE OF DEATH (Enter only a., b., and c.) (a) Condition or complication directly leading to death Cerebral hemorrhage (b) Medical condition, if any, giving rise to above cause Hypertension & atherosclerosis (c) Underlying cause of death 4 days

19. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related in the disease or condition causing death)

19a. DATE OF OPERATION 11/10 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

Diagnosis: 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7

21. ACCIDENT SUICIDE HOMICIDE (Specify) 21a. PLACE OF INQUIRY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21b. (CITY OR TOWN) (COUNTY) (STATE)

21d. TIME OF INQUIRY (Month) (Day) (Year) (Hour) 21c. INQUIRY OCCURRED (a) While at Work (b) Not While at Work 21e. HOW DID INQUIRY OCCUR?

22. I hereby certify that I attended the deceased from April 27 1950 to May 2 1950, and that death occurred at 12:30 PM from the causes and on the date stated above.

23a. SIGNATURE James W. LeRoy 23b. ADDRESS Washington Ga 23c. DATE SIGNED 5/2/50

24a. BURIAL CEMETERY, REMOVAL (Specify) 5/3/50 24b. NAME OF CEMETERY OR CREMATORY Atlanta 24c. LOCATION (City or Town) (County) (State) Ga.

25. DATE REC'D BY LOCAL HEALTH DEPT. 5-7-50 26. HEALTH DEPT. SIGNATURE C. D. 7 Dept 27. FOREIGN DIRECTOR SIGNATURE A. D. Murre Sharon Ga

REGISTRAR: CHECK CERTIFICATE CAREFULLY

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH VITAL RECORDS SERVICE, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, VITAL RECORDS, CODE OF GEORGIA.

MAY 3 1 1997

Michael R. Lewis

STATE REGISTRAR & CUSTODIAN
DIRECTOR, VITAL RECORDS SERVICE

DATE

(VOID WITHOUT IMPRESSED SEAL OR IF ALTERED OR COPIED)