	1. PLACE OF DEATH County_HallMilitia District (Number an	RTIFICATE OF DEATH BOARD OF HEALTH Vital Statistics Ad Name)
	Street and Number (No.)(Street)	(If death occurred in a hospital, give its name instead of street and number)
	Residence (City or Town)	(Street and Number)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX (4. COLOR or RACE 5. Single, Married, Widowed, Divorced (write the word)	16. DATE OF Feb. 20 (Month. Day, Year) 19.33 at (Hour)
	6. DATE OF BIRTH (month, day, year)	17. I HEREBY CERTIFY, That I attended the deceased from
	Years Months Days If less than one day	
Signed Date	7. AGE HoursMinutes	I last saw h alive on de
	z (a) Trade, profession or particular kind of work done, as spinner,	The principal cause of death and related causes of importance in order of onset and duration of each;
	[a] Trade, protession or particular [k] di di work done, as spinner, sawyer, bookkeeper, etc. [6] (b) Industry or business in which by ork was done, as cotton mill, sawmill, bank, etc.	order of onset and datation of each:
	b work was done, as cotton mill, sawmill, bank, etc	
	O (c) Date deceased last worked at (d) Total years	
	o year) occupation occupation 9. BIRTHPLACE occupation occupation	Other contributory causes of importance:
	(P. O. Address)	
	10. NAME. 11. BIRTHPLACE (P. O. Address)	What test confirmed diagnosis?
	P. O. Address	If death was due to external causes (violence) fill in also the followin
		Was injury an accident, suicide, or homicide?
	12. MAIDEN NAME 13. BIRTHPLACE (P. O. Address) DONT KNOW	Where did injury occur
1	(P. O. Address) DONT_KNOW	(Specify city or town, if outside of limits, the county, and also the state) Did injury occur in a home, public place or industry?
	14. INFORMANT	Manner of injury
	(Signed)	Nature of injury
	(Address) Clehnon Ha	(Signed)
Witnes	19. BURIAL PLACE (Cemetery)	(Address)
	(Postoffice)	(AMM 03)
	20. UNDERTAKER	15. FILED
	(Signed)	(Signed) N N Staton
	(Address)	(Local Begistrar)

Record Index		Source Information
Name: Maiden Name: Gender:	Martin Sarah Malinda	Record Url: https://search.ancestry.com/cgi- bin/sse.dll? indiv=1&db=FSGeorgiaDeath&h=769996
Race: Ethnicity:		Source Citation: Georgia Department of Health and Vital Statistics; Atlanta, Georgia
Age:		Source Information: Ancestry.com. <i>Georgia, Deaths Index, 1914-1940</i> [database on-line]. Provo,
Marital Status:		UT, USA: Ancestry.com Operations, Inc., 2011. Original data: "Georgia Deaths, 1914–1927." Index. FamilySearch, Salt Lake City, Utah, 2007. "Georgia Deaths, 1914–1927" and "Georgia Deaths, 1930," images, FamilySearch. Georgia Department of Health and Vital Statistics, Atlanta, Georgia.
Birth Date:	20 Feb 1933	
Birth Place:		
Occupation:		
Death Date:		
Death Place:	Hall, Georgia, USA	
Cemetery:		
Burial Place:		
Father:		
Mother:		
Spouse:		
Child:		

Certificate Number:

Georgia, Deaths Index, 1914-1940 for Sarah Malinda Martin