



CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
 Bureau of Vital Statistics

3-27 5787
 33 5787
 Registered No. 10

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? Where was disease contracted if not at place of death?

1. PLACE OF DEATH
 County Hall Militia District (Number and Name) Blissmont 1745 State of Georgia
 City or Town _____ Length of residence in this city or town: Yrs. _____ Mos. _____ Ds. _____ NON-RESIDENT (Yes or No) _____
 Street and Number (No.) _____ (Street) _____ Ward _____
 (If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Sarah Malinda Martin
 Residence (City or Town) Blissmont (Street and Number) _____ (State) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE white 5. Single, Married, Widowed, Divorced (write the word) widow

6. DATE OF BIRTH (month, day, year) _____

7. AGE 88 Years 2 Months 5 Days If less than one day Hours _____ Minutes _____

8. OCCUPATION
 (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. _____
 (c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent in this occupation _____

9. BIRTHPLACE GA
 (P. O. Address) _____

FATHER
 10. NAME Alvin Blackwell
 11. BIRTHPLACE _____
 (P. O. Address) _____

MOTHER
 12. MAIDEN NAME Rally Hoode
 13. BIRTHPLACE _____
 (P. O. Address) _____

14. INFORMANT J m martin
 (Signed) _____
 (Address) _____

19. BURIAL PLACE Wood creek church
 (Cemetery) _____
 (Postoffice) Cleveland Date Feb 22 1933

20. UNDERTAKER Griffin Bros
 (Signed) _____
 (Address) Blissmont GA

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 20 1933, at 11 P M
 (Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from 1932 to 1932.
 I last saw her alive on 1932 date unknown death is said to have occurred on the date and hour stated above.
 The principal cause of death and related causes of importance in the order of onset and duration of each:
History of Cerebral Hemorrhage
Senility
 Other contributory causes of importance: _____

What test confirmed diagnosis? _____
 (Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external causes (violence) fill in also the following:
 Was injury an accident, suicide, or homicide? _____
 Where did injury occur _____
 (Specify city or town, if outside of limits, the county, and also the state)
 Did injury occur in a home, public place or industry? _____
 Manner of injury _____
 Nature of injury _____
 (Signed) W H Lancaster M.D.
 (Address) Blissmont

15. FILED March 10 1933
 (Signed) W H Stator
 (Local Registrar)

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

Record Index

Name: Martin Sarah Malinda
Maiden Name:
Gender: Female
Race: White
Ethnicity:
Age: 88
Marital Status:
Birth Date: 1845
Birth Place: Georgia
Occupation:
Death Date: 20 Feb 1933
Death Place: Hall, Georgia, USA
Cemetery: Shoal Creek Church
Burial Place: USA
Father: Glen Blackwell
Mother: Polly Goode
Spouse:
Child:
Certificate Number:

Source Information

Record Url: <https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=FSGeorgiaDeath&h=769997>

Source Citation: Georgia Department of Health and Vital Statistics; Atlanta, Georgia

Source Information: Ancestry.com. *Georgia, Deaths Index, 1914-1940* [database on-line]. Provo, 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.