CERTIFICATE OF DEATH 31-26747 GEORGIA STATE BOARD OF HEALTH Bureau of Vital Statistics Registered No. 16 1. PLACE OF DEATH KPis no 862 State Whi County ... Militia District (Number and Name) MOO Georgia City or Town Length of residence in this city or town: YrsMos.DsNON-RESIDENT (Yes Street and Number (No.) (If death occurred in a hospital, give its name instead of street and number low Sillstrap 2. FULL NAME HO la Residence (City or Town Cleveland ga Rt 2 (Street and Number). (State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OF RACE 5. Single, Married, Widowed, Divorced (write the word) 3. SEX 16. DATE OF OC 0 1931 all-30 amm Male married (Month, Day, Year) 6. DATE OF BIRTH (month, day, year) PLC 29-1854 17. I HEREBY CERTIFY, That I attended the deceased from Alpt 31 Och 31 25 Months I last saw h. M. alive on Hey A 30 I last saw h. M. alive on Hey A 30 Is said to have occurred on the dake and hour stated above. The principal cause of death and related causes of importance in the order of onset and duration of each: Or unic My OCard the. Days If less than one day 4-6 7. AGE Hours Minutes. (a) Trade, profession or particular kind of work done, as spinner, Mechanic OCCUPATION (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc...... WRITE PLAINLY WITH UNFADING INK—T of information should be carefully supplied. Cause it may be properly classified. Exact statement of injury caused by dangerous or insanitary conditions contracted if not at place of death? (c) Date deceased last worked at this occupation (month and year) 00 aut contributory causes of importance: 9. BIRTHPLACE (P. O. Address) Cleveland Ba Rt2 Purmonary Corna 10. NAMEM H Gillstra Cat FATHER 11. BIRTHPLACE DO ya If death was due to external causes (violence) fill in also the following: (P. O. Address leveland 12. MAIDEN NAME Was injury an accident, suicide, or homicide?. martin mily -Where did injury occur (Specify city or town, if outside of limits, the county, and also the state) MO (P. O. Address) James Did injury occur in a home, public place or industry?. 14. INFORMANT Manner of injury (Signed) -(Address) Clevela Nature of injury ... MA R (Signed) 19. BURIAL PLACE Blog. Formes nichta reak cemetar (Address) Jackson Ø (Cemetery). (Postoffice) Cleveland Date Or ballt 2 -1931 -7 nov ,31 15. FILED. 20 UNDERTAKER Gillstrap actus Elle (Signed) .. anady (Address) fleveland 34 Rt (Signed).

Georgia, Deaths Index, 1914-1940 for Homer Marlow Gillstrap

Record Index		Source Information
Name: Maiden Name: Gender:	Gillstrap Homer Marlow Male	Record Url: https://search.ancestry.com/cgi- bin/sse.dll? indiv=1&db=FSGeorgiaDeath&h=1072417
Race: Ethnicity:	White	Source Citation: Georgia Department of Health and Vital Statistics; Atlanta, Georgia
Age: Marital Status:	46	Source Information: Ancestry.com. <i>Georgia,</i> <i>Deaths Index, 1914-1940</i> [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2011.
Birth Date: Birth Place: Occupation:	1885	Original data: "Georgia Deaths, 1914–1927." Index. FamilySearch, Salt Lake City, Utah, 2007. "Georgia Deaths, 1914–1927" and "Georgia Deaths, 1930,"
Death Date:	1 Oct 1931 White, Georgia, USA	images, FamilySearch. Georgia Department of Health and Vital Statistics, Atlanta, Georgia.
Cemetery: Burial Place:	Winte, Georgia, OS/C	
Father:	M H Gillstrap Emily Martin	
Spouse: Child:		

Certificate Number: