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 contracted if not at place of death?..... Where was disease contracted if not at place of death?.....

V. S.—2

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

26401

Registered No. 55

1. PLACE OF DEATH

County. Troup Militia District (Number and Name) 700 State of Georgia

City or Town. Hogansville Ga. 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 Ovid Daniel Norwood

Residence (City or Town) Near Hogansville Ga (Street and Number)..... (State).....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Single

6. DATE OF BIRTH (month, day, year) Oct 4 1852

7. AGE	Years	Months	Days	If less than one day
	83	11	3	Hours.....Minutes.....

8. OCCUPATION

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

(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 (P. O. Address) Troup Co. Georgia

FATHER

10. NAME Jas. Andrew Norwood

11. BIRTHPLACE (P. O. Address) Abbeyville S.C.

MOTHER

12. MAIDEN NAME Margaret Eliz. McFarlin

13. BIRTHPLACE (P. O. Address) Abbeville S.C.

14. INFORMANT (Signed) B. M. Russell

(Address) Hogansville, Ga.

19. BURIAL PLACE (Cemetery) Hogansville Ga

(Postoffice) Hogansville Date 9/7/36

20. UNDERTAKER (Signed) Askew-Tripp Co.

(Address) Hogansville, Ga

MEDICAL CERTIFICATE OF DEATH Daniel

16. DATE OF DEATH Sept 6 — 1936 at 6-0— M
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from Aug 5 1936 to Sept 5 1936

I last saw him alive on Sept 5 — 1936 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:

Paralytic Stroke

Other contributory causes of importance:

old age

What test confirmed diagnosis? Clinical
(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) O C Daniel M.D.

(Address) Hogansville

15. FILED Oct-9-36 19..

(Signed) A. W. Harvey
(Local Registrar)