

1. PLACE OF DEATH

County of Chester  
Township of Chester  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF DEATH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 1102

(No. St.)

2. FULL NAME

Charley Ellison

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERT

3 SEX Male 4 COLOR OR RACE ca 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widower 16 DATE OF DEATH

6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE 57 yrs. mon. days. 17 I HEREBY CERTIFY That patient 18 9 to Feb 20 19 2 30 a.m. The C

8 OCCUPATION (a) Trade, profession, or particular kind of work laborer (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or Country) Can't say 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or Country) 12 MAIDEN NAME OF MOTHER Charlotte Busby 13 BIRTHPLACE OF MOTHER (State or Country) Can't say

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walker Ellison (Address) Chester SC 15 Mar 4 19 W. H. H. H. LOCAL REGISTRAR

18 Where was disease contracted if not at place of death? 19 chester UNDEXTAKER W. H. H. H.

Write plainly with Unfading Black Ink - This is a Permanent Record. N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. MCGRAW-HILL, COLUMBIA, COLUMBIA, S. C.

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