

## CERTIFICATE OF DEATH

File No.—For State Registrar Only

## 1. PLACE OF DEATH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of AbbevilleTownship of 11or  
Inc. Town of 11or  
City of 11Registration District No. 1-a(No. Harrisburg St.; 12X Ward)Registered No. 3

(For use of Local Registrar)

(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2. FULL NAME Fannie KlouneResidence not known  
In City      Yrs.      Mos.      Days     

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Woman 4 COLOR OR RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. widow  
(Write the word)6 DATE OF BIRTH Dec. 18, 1831  
(Month) (Day) (Year)7 AGE 83 yrs. 15 mos.      dys.  
If LESS than 1 day.      hrs. or      min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Seamstress 0-3  
(b) General nature of Industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or Country) Abbeville10 NAME OF FATHER T. C. Crawford11 BIRTHPLACE OF FATHER (State or Country) Abbeville12 MAIDEN NAME OF MOTHER Manda Martin13 BIRTHPLACE OF MOTHER (State or Country) Abbeville14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Allen Sanders(Address) Abbeville15 Filed Jan 3rd 1915 J. G. Perrin  
LOCAL REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 3, 1915  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 27  
4 Jan. 3 1915 to 5 1915, that I last saw him alive on 30  
Jan 2 Dec 5 1915, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:Heart disease andRheumatism(Duration) 2 yrs. 3 mos.      dys.Contributory (SECONDARY) Heart disease  
(Duration) 2 yrs. 3 mos.      dys.(Signed) [Signature] M. D.  
Jan. 4 1915 (Address) Abbeville S.C.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents)

At place of death      yrs.      mos.      dys. In the State      yrs.      mos.      dys.  
Where was disease contracted,     If not at place of death?       
Former or usual Residence     

19 Place of Burial or Removal. DATE OF BURIAL

Harison Graceryard Jan 4 1915

20 UNDERTAKER ADDRESS

Buchanan & Richie Abbeville

MARGIN RESERVED FOR BINDING

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.

McCaw, of Columbia.