

WRITE PLAINLY, WITH UNFADING 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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

245

1 PLACE OF DEATH
County Jackson
Civil Dist. 5th Registration District No. 46604 File No. 1
or Village Granville Primary Registration District No. 31 Registered No. _____
or City _____ (No. _____, St.; _____ Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME George Birdwell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

6 DATE OF BIRTH _____, 1857
(Month) (Day) (Year)

7 AGE 60 If LESS than 1 day, ---- hrs. or ---- min.?
----- yrs. ----- mos. ----- ds.

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

9 BIRTHPLACE (State or country) Granville

10 NAME OF FATHER George Birdwell

11 BIRTHPLACE OF FATHER (State or country) Granville

12 MAIDEN NAME OF MOTHER Barnett

13 BIRTHPLACE OF MOTHER (State or country) Granville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. B. Smith
(Address) Granville

15 Filed Apr 24, 1917 H. B. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 15, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to Feb 15, 1917, that I last saw him alive on Feb 15, 1917, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Rheumatic diathesis 90
with heart lesion. Had
been a rheumatic for
(Duration) 30 yrs. ----- mos. ----- ds.

Contributory Lagrippe
(SECONDARY) (Duration) _____ yrs. ----- mos. ----- ds.

(Signed) H. B. Smith M. D.
Apr 22, 1917 (Address) Granville Tenn

*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. ----- ds. In the State _____ yrs. ----- mos. ----- ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Family Grave DATE OF BURIAL Feb 16, 1917

20 UNDERTAKER Williams ADDRESS Granville