

MARGIN RESERVED FOR BINDING
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.

1 PLACE OF DEATH			STATE OF TENNESSEE	
County <u>Jackson</u>	<u>3239</u>	STATE BOARD OF HEALTH Bureau of Vital Statistics	CERTIFICATE OF DEATH	
Civil Dist. <u>5th</u>	Registration District No. <u>44425</u>	File No. <u>269</u> <u>4</u>		
Village _____	Primary Registration District No. <u>5</u>	Registered No. _____		
City _____	(No. _____)	St.; _____	Ward _____	
2 FULL NAME <u>Inf of John Cantrell</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>Apr 3rd</u> , 191 <u>7</u> <small>(Month) (Day) (Year)</small>	
8 DATE OF BIRTH <u>Feb-25</u> , 191 <u>7</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>mar 14</u> 191 <u>7</u> , to _____, 191 <u>7</u> , that I last saw her alive on <u>mar 14</u> , 191 <u>7</u> , and that death occurred, on the date stated above, at <u>03 1/2</u> p.m.	
7 AGE <u>2</u> yrs. <u>8</u> mos. <u>8</u> ds.			If LESS than 1 day, _____ hrs. or _____ min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			The CAUSE OF DEATH* was as follows: <u>Inherited Tuberculosis with uremic poison</u>	
9 BIRTHPLACE (State or country) <u>Tenn</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS			Contributory (SECONDARY) _____	
			(Duration) _____ yrs. _____ mos. _____ ds.	
			(Signed) <u>W B Page</u> , M. D. <u>Apr 3</u> , 191 <u>7</u> . (Address) <u>Granville</u>	
10 NAME OF FATHER <u>John Cantrell</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co.</u>			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 _____	
12 MAIDEN NAME OF MOTHER <u>Gerdie Lambert</u>			19 PLACE OF BURIAL OR REMOVAL <u>near Granville</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson</u>			DATE OF BURIAL <u>Apr - 4</u> , 191 <u>7</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. B. Page</u> (Address) <u>Granville Tenn.</u>			20 UNDERTAKER <u>Williamson Bros</u>	
15 Filed <u>May</u> , 191 <u>7</u> <u>W B Page</u> REGISTRAR			ADDRESS <u>Granville Tenn</u>	