

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>		STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist. <u>5th</u>		CERTIFICATE OF DEATH	
Village <u>Granville</u>		Registration District No. <u>144503</u>	File No. <u>17</u>
City _____ (No. _____, St.; _____ Ward)		Primary Registration District No. <u>5</u>	Registered No. _____
2 FULL NAME		<u>Woodard</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	
6 DATE OF BIRTH <u>Nov. 19</u> , 19 <u>17</u> (Month) (Day) (Year)		16 DATE OF DEATH <u>Nov. 19</u> , 19 <u>17</u> (Month) (Day) (Year)	
7 AGE <u>5</u> yrs. mos. 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) _____			
9 BIRTHPLACE (State or country) <u>Granville Tenn</u>			
PARENTS	10 NAME OF FATHER <u>Robert Woodard</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>Maggot Tenn</u>		
	12 MAIDEN NAME OF MOTHER <u>Vergie Phillips</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Granville Tenn</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>Nov. 16</u> , 19 <u>17</u> , to <u>Nov. 19</u> , 19 <u>17</u> , that I last saw him alive on <u>Nov. 18</u> , 19 <u>17</u> , and that death occurred, on the date stated above, at <u>9</u> a.m.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) <u>A. B. Smith</u> (Address) <u>Granville Tenn</u>			
15 Filed <u>Dec 10</u> , 19 <u>17</u> <u>H. K. Watts</u> REGISTRAR		The CAUSE OF DEATH* was as follows: <u>Obstruction of bowel</u> <u>TKS</u> (Duration) _____ yrs. mos. ds. Contributory <u>a fall from horse</u> (SECONDARY) (Duration) _____ yrs. mos. ds. (Signed) <u>A. B. Smith</u> , M. D. <u>Dr.</u> , 19 <u>17</u> (Address) <u>Granville Tenn</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 _____		19 PLACE OF BURIAL OR REMOVAL <u>Family Grov</u> DATE OF BURIAL <u>Nov 20</u> , 19 <u>17</u>	
20 UNDERTAKER <u>Williamson</u>		ADDRESS <u>Granville</u>	