

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

117

1 PLACE OF DEATH  
County Jackson  
Civil Dist. # 2 Registration District No. 2 File No. \_\_\_\_\_  
or Village Haydenburg Twp Primary Registration District No. 44402 Registered No. 1  
or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)  
2 FULL NAME Daniel H. Drafer  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) \_\_\_\_\_  
6 DATE OF BIRTH Oct 8, 1918  
(Month) (Day) (Year)  
7 AGE 66 yrs. mos. ds. If LESS than 1 day, ---hrs. or ---min.? \_\_\_\_\_  
8 OCCUPATION (a) Trade, profession, or particular kind of work. Farming  
(b) General nature of industry, business, or establishment in which employed (or employee). Farming  
9 BIRTHPLACE (State or country) Jackson Co Tenn. R. 11  
10 NAME OF FATHER Harve Drafer  
11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn  
12 MAIDEN NAME OF MOTHER Do not know  
13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15 Filed Oct 8, 1918 Alonzo Mcbawley  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct-8, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May-28, 1917, to Aug-18, 1918, that I last saw him alive on Aug-18, 1918, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH\* was as follows:

Coro. Renal - 129  
Mitral Regurgitation  
Chronic Interstitial Nephritis  
(Duration) 10 yrs. mos. ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. mos. ds.

(Signed) F. C. Casswell M. D.  
Oct 8, 1918 (Address) Bagdad 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 Farmhouse near yard DATE OF BURIAL 9 Oct, 1918

20 UNDERTAKER Will ADDRESS Bagdad Tenn