

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  
 County Jackson  
 Civil Dist. 12 Registration District No. 44412 File No. 3  
 or Mayfield Primary Registration District No. 12 Registered No. 3  
 or \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)  
 City \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Pryor

STATE OF TENNESSEE 140

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 (Write the word)

6 DATE OF BIRTH October 4, 1831  
 (Month) (Day) (Year)

7 AGE 88 3 4 If LESS than 1 day, -----hrs. or -----min.?  
 yrs. mos. ds.

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

9 BIRTHPLACE Jackson Co Tenn  
 (State or country)

10 NAME OF FATHER Un Known

11 BIRTHPLACE OF FATHER Not Known  
 (State or country)

12 MAIDEN NAME OF MOTHER Nancy Pryor

13 BIRTHPLACE OF MOTHER Jackson Co Tenn  
 (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 7, 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1918, to 1919, that I last saw him alive on Dec 31 1919, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Infirmity of age and Dropsy  
 (Duration) 2 yrs. 164 mos. 164 ds.

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

(Signed) N M McLean M. D.  
Jan 15, 1920 (Address) Gandharo Tenn R 3

\*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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Phelix Pryor  
Gandharo Tenn R # 3  
 (Address)

15 Filed Jan 15, 1920 W. B. Billingsley REGISTERAR  
Gandharo Tenn R # 3

19 PLACE OF BURIAL OR REMOVAL Stafford Cemetery DATE OF BURIAL Jan 8, 1920  
 20 UNDERTAKER J B Anderson ADDRESS Gandharo Tenn R 3