

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
 County Jackson
 Civil Dist. 5th
 or Village Granville
 or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

145
 Registration District No. 444081 File No. _____
 Primary Registration District No. _____ Registered No. _____

2 FULL NAME Miss Viola Holloman

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

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>Jan 12, 1920</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>Jan 12, 1854</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 11-13, 1918</u> , to <u>Jan 10, 1920</u> , that I last saw her alive on <u>Jan 10, 1920</u> , and that death occurred, on the date stated above, at <u>9 a.m.</u>	
7 AGE <u>66</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Tennessee</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Alexander Holloman</u>	(Signed) <u>H. B. Page</u> , M. D. <u>Jan 22, 1920</u> (Address) <u>Granville, Tenn.</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	12 MAIDEN NAME OF MOTHER <u>Mary Briggs</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 _____		
13 BIRTHPLACE OF MOTHER (State or country) <u>DeKalb Co.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Granville, Tenn.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H. B. Page</u> (Address) <u>Granville, Tenn.</u>			DATE OF BURIAL <u>Jan 12, 1920</u>	
15 Filed _____, 1921 <u>W. H. Hailbert</u> REGISTRAR			20 UNDERTAKER <u>McLain Bros.</u> ADDRESS <u>Granville, Tenn.</u>	