170

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson, CSZ

Civil Dist. [illegible]

or Village

or City Granville, R.F.I. (No. , St.; Ward)

Registration District No. 44407 File No.

Primary Registration District No. Registered No. 13

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

2 FULL NAME Earnest Bedford Kirby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White,

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single,

6 DATE OF BIRTH: March, (Month) 14 (Day), 1[illegible] (Year)

7 AGE: 23 yrs. 11 mos. 21 ds. If LESS than 1 day, ----hrs. or ----min.?

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

9 BIRTHPLACE (State or country): Jackson, Co. Tenn.

PARENTS

10 NAME OF FATHER: Franklin Kirby,

11 BIRTHPLACE OF FATHER (State or country): Jackson, Co. Tenn.

12 MAIDEN NAME OF MOTHER: [illegible] Sykers,

13 BIRTHPLACE OF MOTHER (State or country): Cumbland Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. [illegible] Kirby,

(Address) Granville, Tenn. R.F.I.

15 Filed 1/8/20, 191[illegible] Emma Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March, (Month) 5 (Day), 1920 (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 26 1920, to March 1st, 1920, that I last saw him alive on March, 1st, 1920, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(Duration) 1 yrs. 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Mae Wheeler, M. D.

March 6, 1920 (Address) Bloomington, Spgs.

*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: Brown's Chapple,

DATE OF BURIAL: 4/[illegible]/20, 191

20 UNDERTAKER: Black smith shop,

ADDRESS: Bloomington Spgs

Form V. S. No. 4—100M * FOSTER & PARKES CO., NASHVILLE

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.