

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
 or Village Mayfield
 or City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

244

CERTIFICATE OF DEATH

Registration District No. 44412 File No. 10
 Primary Registration District No. 12 Registered No. 10

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

2 FULL NAME J P Dyer

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____, 1854
(Month) (Day) (Year)

7 AGE 66 If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.

8 OCCUPATION Retired Farmer
 (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 W R Dyer

11 BIRTHPLACE OF FATHER Putnam Co Tenn
(State or country)

12 MAIDEN NAME OF MOTHER Mahala Lear

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) B B Flatt
Lanesboro Tenn R#3
(Address)

15 Filed Aug 15 1920 Jno. B. Billingsly
Lanesboro Tenn R#3
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 6, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1910, to _____ 1920, that I last saw him alive on about July, 1920, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH * was as follows:
Inflammatory Rheumatism
of long standing
 (Duration) 15 yrs. _____ mos. _____ ds.

Contributory _____
(SECONDARY)
 (Signed) J. Mae Wheeler _____ M. D.
Aug 15 1920 (Address) Bloomington Springs Tenn R#1

*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 Dyer Cemetery DATE OF BURIAL Aug 7 1920

20 UNDERTAKER J. B. Jackson ADDRESS Bloomington Springs Tenn