

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. #4
 or
 Village _____
 or
 City _____ (No. _____ St.: _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

297

CERTIFICATE OF DEATH

Registration District No. 44404

File No. _____

Primary Registration District No. _____

Registered No. 17

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

2 FULL NAME George Strods

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 _____
(Month) (Day) (Year)

7 AGE 73
yr. mos. ds. or min.?

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

9 BIRTHPLACE Tenn
(State or country)

10 NAME OF FATHER James Strods

11 BIRTHPLACE OF FATHER Kentucky
(State or country)

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER _____
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Henry Strods

[Address] Whitbyville Tenn

15 Filed 12-25-20 Pat Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 24 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1920 to Dec 19 1920
 that I last saw him alive on Dec 19 1920
 and that death occurred, on the date stated above, at 3:15 P.M.
 The CAUSE OF DEATH* was as follows: arteriosclerosis

[Duration] 2 yrs. mos. ds.
 Contributory Pyorrhea

[Duration] 1 yrs. mos. ds.
 Signed Frank D. Clarke M.D.
Dec 25, 1920 Address Haydenburg

* 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 Strods home yard DATE OF BURIAL 12-25-20

20 UNDERTAKER W.C. Good ADDRESS Willells Tenn