

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. # 3OR
Village _____OR
City _____ (No. _____, St.; _____ Ward)Registration District No. 44403

Primary Registration District No. _____

File No. 317Registered No. 7

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

2 FULL NAME Harman H. Minchey

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 June 7 1870
(Month) (Day) (Year)7 AGE 50 yrs. 7 mos. 15 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION Farmer 000
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Larkin Minchey11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Sarah Hull13 BIRTHPLACE OF MOTHER (State or country) Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] J. A. Leaver[Address] Haydenburg Tenn.15 Filed Feb 23 1921 M. H. Dykes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 22 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb. 19 1921 to Feb. 21, 1921, that I last saw him alive on Feb. 21, 1921and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Cutting throat with suicidal intent[Duration] _____ yrs. 17 mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed F. O. Barnwell M. D.
Feb. 23, 1921 Address Gainsboro

* 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 _____ DATE OF BURIAL _____

East Fork Cem. Feb 23 192120 UNDERTAKER Leon With Willette ADDRESS _____

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.