

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

### 1 PLACE OF DEATH

County Jackson  
Civil Dist. 5  
OR  
Village Granville  
OR  
City (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 44405  
Primary Registration District No. \_\_\_\_\_

File No. 326

Registered No. 7

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

2 FULL NAME no name Steeborn

### PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 14 1921  
(Month) (Day) (Year)

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

8 OCCUPATION  
(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) Jackson Co

10 NAME OF FATHER Oscar Galloway

11 BIRTHPLACE OF FATHER [State or country] Jackson Co

12 MAIDEN NAME OF MOTHER Felby Sewell

13 BIRTHPLACE OF MOTHER [State or country] Dickson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15 Filed Feb 1 21 W. J. Madrox  
REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 14 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1921 to same, 1921, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1921

and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows: Stillborn S

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed W. B. Page M. D.

Feb 1 1921 Address Granville Tenn

\* 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 Granville Tenn DATE OF BURIAL Feb 15 1921

20 UNDERTAKER Williamson Bros ADDRESS Granville

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.