

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. 332

Registered No. 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Roda E. Holladay

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Exact date not known
(Month) (Day) (Year)

7 AGE 92 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Smith Co

10 NAME OF FATHER Burcom Butler

11 BIRTHPLACE OF FATHER (State or country) Smith Co

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (State or country) Smith Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Gas Duke
[Address] Granville Tenn

15 Filed 7/20 1921 W. F. Maddux
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 17 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 1921 to March 15 1921 that I last saw her alive on March 14 1921 and that death occurred, on the date stated above, at 2 P. M

The CAUSE OF DEATH* was as follows:

Senility

[Duration] _____ yrs. _____ mos. _____ ds.
Contributory [SECONDARY] Fracture of hip Fall
[Duration] 2 yrs. _____ mos. _____ ds.

Signed L. W. Thurman M. D.
7/20 1921 Address Granville

* 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 Buffalo Tenn DATE OF BURIAL 3/18 1921

20 UNDERTAKER Williamson Bros ADDRESS Granville Tenn

MARRIAGE REGISTERED FOR BIRTH

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.