

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. # 7
or
Village _____
or
City Granville R. #1Registration District No. H/107
Primary Registration District No. _____File No. 16346Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Unmarried Wendcastle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)
6 DATE OF BIRTH May 24, 1921
(Month) (Day) (Year)
7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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)

Granville R #1

10 NAME OF FATHER

A. M. Wendcastle

11 BIRTHPLACE OF FATHER (State or country)

Jackson Co Tenn

12 MAIDEN NAME OF MOTHER

B. A. Grogan

13 BIRTHPLACE OF MOTHER (State or country)

Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. M. Wendcastle(Address) Granville

15

Filed July 27, 1921Emmie White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 24, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: SStillborn

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) L. R. Anderson, M. D.
4/25, 1921 (Address) Granville R

*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

Burgess Gray 5-25, 1921
20 UNDERTAKER _____
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.