

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist 5Village Granville

City _____

Registration District No. 44405

Primary Registration District No. _____

(No. _____ St.; _____ Ward)

File No. 366Registered No. 4

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

2 FULL NAME Chip Nelson Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____6 DATE OF BIRTH Sep 6 1914
(Month) (Day) (Year)7 AGE 6 yrs. 10 mos. 18 ds. If LESS than 1 day, _____ hr. or _____ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Putnam Co10 NAME OF FATHER Walter Scott11 BIRTHPLACE OF FATHER (State or country) Putnam Co12 MAIDEN NAME OF MOTHER Mirtle Williams13 BIRTHPLACE OF MOTHER (State or country) Smith Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. R. Carver[Address] Granville Tenn15 Filed 7/25 21 By W. F. Maddux
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 24 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____ 191 _____ to _____ 191 _____ that I last saw him alive on July 24 1921 and that death occurred, on the date stated above, at 11:45 M
The CAUSE OF DEATH* was as follows: not known 205F[Duration] _____ yrs. _____ mos. 2 ds.

Contributory [SECONDARY] _____

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

Signed L. M. Freeman M. D.7/25 21 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 Granville DATE OF BURIAL 7/25 2120 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.