

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. 5
or Village Granville
on City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44405 File No. 372
Primary Registration District No. Registered No. 5

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

2 FULL NAME

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 May 7 1921
7 AGE yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Infant
(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 Frank Leslie

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) Jackson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Stone Leslie
[Address] Granville

15 Filed 8/8 21 BY W F Maddux
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 7 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

The CAUSE OF DEATH* was as follows: 2056
no doctor in attendance
these people lived on poor bluff
and had no medical attendance
[Duration] yrs. mos. ds.

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

Signed _____ M. D.
191 Address _____

* 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
near Granville Tenn 8/8 1921

20 UNDERTAKER ADDRESS
none but family