

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

STATE OF TENNESSEE

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

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4405
 Primary Registration District No. _____

File No. 378
 Registered No. 9

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

2 FULL NAME Geo Washington McKinley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Aug 31 1921
 [Month] [Day] [Year]

6 DATE OF BIRTH June 16 1871
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191... to 191...
 that I last saw him alive on Aug 31 1921
 and that death occurred, on the date stated above, at 2:30 P.
 The CAUSE OF DEATH* was as follows:
Dropsy Cardiac

7 AGE 50 yrs. 2 mos. 15 ds.
 If LESS than 1 day, ... hrs. or ... min.?

[Duration] yrs. 3 mos. ds.
 Contributory [SECONDARY] nephritis
 [Duration] yrs. mos. ds.
 Signed M. B. Page M. D.
9/1 1921 Address Granville

8 OCCUPATION Farmer 000
 (a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employee)

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Geo W. McKinley

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Dusan Sullivan

13 BIRTHPLACE OF MOTHER (State or country) Nelson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] M. B. McKinley
 [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 _____

15 Filed 9/1 1921 W. F. Maddux
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Granville Tenn DATE OF BURIAL 9/1 1921

20 UNDERTAKER Williamson Bros ADDRESS Granville