

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
or
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44405
Primary Registration District No. _____

File No. 386
Registered No. 11

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

2 FULL NAME Peyton Russell

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE 38 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Farm Laborer
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) D/O

9 BIRTHPLACE (State or country) Smith Co

10 NAME OF FATHER Will Russell

11 BIRTHPLACE OF FATHER (State or country) Smith Co

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Sam Maynard
[Address] Defeated R-1

15 Filed 10/16/21 by W. P. Maddux
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sep 20 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sep 20 1921 to Sept 20 1921.
that I last saw him alive on Sep 20 1921
and that death occurred, on the date stated above, at 5 M

The CAUSE OF DEATH* was as follows:
Septicemia Poison
caused by pore in nose
[Duration] yrs. mos. da. 4

Contributory [SECONDARY] _____
[Duration] yrs. mos. da. _____
Signed L. M. Greenman M. D.
9/21 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. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Defeated R-1 DATE OF BURIAL 9/21 1921

20 UNDERTAKER Williamson ADDRESS Granville