

# STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

### 1 PLACE OF DEATH

County Jackson

Civil Dist. 5

Village Granville

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44405

Primary Registration District No. \_\_\_\_\_

File No. 395

Registered No. 14

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

2 FULL NAME Eldon Pate Draper

### 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 Dec 10 1885  
(Month) (Day) (Year)

7 AGE 35 yrs. 9 mos. 24 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION Farmer  
(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

10 NAME OF FATHER Jim Draper

11 BIRTHPLACE OF FATHER (State or country) Putnam Co

12 MAIDEN NAME OF MOTHER Pate

13 BIRTHPLACE OF MOTHER (State or country) Jackson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. J. Draper

(Address) Defeated Tenn R1

15 Filed 10/6 21 by W. P. Maddux  
REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 4 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1921 to Oct 4 1921 that I last saw him alive on Oct 4 1921

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH\* was as follows:  
Concussion Brain with Intra Dural Haemorrhage caused by auto wreck  
(Duration) yrs. mos. ds. 1 8 2

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. mos. ds. \_\_\_\_\_

Signed L. M. Freeman M. D.  
10/6 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 Boo Keville Tenn DATE OF BURIAL Oct 5 21

20 UNDERTAKER Draper & Draper ADDRESS Timmons Tenn

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.