

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. # 7or  
Village \_\_\_\_\_or  
City Grinnville (No. 1)Registration District No. 44407

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

Registered No. 1File No. 17402[If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.]2 FULL NAME Austen Winifred Medley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH June 13, 1910  
(Month) (Day) (Year)7 AGE 11 yrs. 4 mos. 2 ds.  
If LESS than  
1 day, ---- hrs.  
or ---- min.?8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work None  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) \_\_\_\_\_9 BIRTHPLACE  
(State or country) Jackson Co.10 NAME OF  
FATHER Walter S Medley11 BIRTHPLACE  
OF FATHER Jackson12 MAIDEN NAME  
OF MOTHER S. Gertrude Huby13 BIRTHPLACE  
OF MOTHER Jackson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Huby(Address) Grinnville15 Filed Oct 16, 1924 Emma Wheeler  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 15, 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from  
Sept 25, 1921, to Oct 15, 1924,  
that I last saw him alive on Oct 15, 1924,  
and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:

Fractured femur  
caused by a mule  
(Duration) ---- yrs. ---- mos. ---- ds.Contributory  
(SECONDARY) \_\_\_\_\_  
(Duration) ---- yrs. ---- mos. ---- ds.(Signed) J. M. Wheeler, M. D.  
Oct 16, 1924 (Address) J. M. Wheeler\*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 Billingale County DATE OF BURIAL 10-15-192420 UNDERTAKER W. H. ... ADDRESS \_\_\_\_\_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.