

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 14

Village _____

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

Registration District No. 44414Primary Registration District No. 14File No. 406

Registered No. _____

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

2 FULL NAME Clarence Hallard

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 Sept. 12, 1875
(Month) (Day) (Year)7 AGE about 42 If LESS than 1 day, ____ hrs. or ____ min.?
____ yrs. ____ mos. ____ ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Jon Hallard11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Van Poyson13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence Hallard(Address) Defeated Tenn15 Filed Dec 14, 1921 Berry Ray REGISTRAR

Fo. m V. S. No. 4-100M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 23, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1921, to Oct 23, 1921, that I last saw him alive on Oct 23, 1921, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Following Operation for Gall Stones and Pancreitis. 123
(Duration) ____ yrs. ____ mos. ____ ds.Contributory _____ (secondary) _____ (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) F. O. Armistead, M. D.
Dec 12, 1921 (Address) Shelbywood

*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. 10Where was disease contracted, if not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Family grave DATE OF BURIAL Oct 24, 192120 UNDERTAKER Russell McH ADDRESS Defeated Tenn

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.

MARGIN RESERVED FOR BINDING