

1 PLACE OF DEATH

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County Jackson
 Civil Dist. 14
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. HHH14 File No. 411
 Primary Registration District No. 14 Registered No. _____

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

2 FULL NAME Eldon Draper

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
 6 DATE OF BIRTH 10 1886
 (Month) (Day) (Year)
 7 AGE 35 10
 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Stock Trader
 (b) General nature of industry, business, or establishment in which employed (or employer) 701

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Jim Draper11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Marta Pate13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jim Draper(Address) Draper's Tenn

15

101 Berry Bay

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH NOV 10, 1921

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1921, to Nov 10, 1921, that I last saw him alive on Nov. 10, 1921, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Blood clot on brain from fractured skull due to fall from automobile (Duration) yrs. mos. ds. 785

Contributory (secondary) _____ (Duration) yrs. mos. ds. _____

(Signed) G. O. Russell, M. D.Nov 10, 1921 (Address) Saunderwood

*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 Coopersville, TennDATE OF BURIAL Nov 11, 192120 UNDERTAKER Marta Russell

ADDRESS

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.