

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

### 1 PLACE OF DEATH

County Jackson

Civil Dist. # 2

Village Haydenburg

City Haydenburg

Registration District No. 44402

Primary Registration District No. # 2

File No. 4419

Registered No. 4

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

2 FULL NAME Charles Pyron

### 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 9 13 1869  
(Month) (Day) (Year)

7 AGE 52 yrs. 2 mos. 27 da. 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 Co Tenn

10 NAME OF FATHER John N. Pyron

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Edville, Lee

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15 Filed Dec 2 1921 Alongo McGaw  
REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 27 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1921 to Nov 1921

that I last saw h... alive on \_\_\_\_\_, 191...

and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows: Cardio-Renal 90

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Signed F. O. Cornwell M. D.  
Dec 2 1921 Address Haydenburg

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN... 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 Pyron Grave yard DATE OF BURIAL 11/28 1921

20 UNDERTAKER Henry Mathews ADDRESS Haydenburg

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.