

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. # 3
 OR
 Village Dyers
 OR
 City _____ (No. _____, St.: _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44403
 Primary Registration District No. _____

File No. 289

Registered No. 1

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

2 FULL NAME Hyrum Taylor

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 about 1950
 (Month) (Day) (Year)

7 AGE about 72 yrs. — mos. — ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) OOD

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Wren Taylor

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Bobbie Bay

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L. G. Minchey Tenn.

(Address) Haydenburg

15 Filed Jan 10 1929 M. H. Dyers
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 9 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191_____ to _____ 191_____
 that I last saw h_____ alive on _____ 191_____
 and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

7/10
Died without medical
attention. Supposed to be
apoplexy [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed M. H. Dyers Reg. M. D.
Jan 10 1929 Address Haydenburg Tenn.

* 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 Indianer, Jackson Co. DATE OF BURIAL Jan 10 1929

20 UNDERTAKER Leon With White Tenn. ADDRESS _____