

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. No. 1
OR
Village Grainland
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 441
Primary Registration District No. 44401

File No. 306
Registered No. _____

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

2 FULL NAME Job M. Morgan (Sr.)

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 Nov 11 1933
(Month) (Day) (Year)

7 AGE 88 yrs. 4 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Farmer & Lawyer
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or unemployed)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Daniel Morgan

11 BIRTHPLACE OF FATHER (State or country) Rocky Hill, Tenn

12 MAIDEN NAME OF MOTHER William Smith

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Edna Morgan

[Address] _____

15 Filed July 22, 1922 Registrar W. H. H. H. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 5 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1922 to July 5, 1922 that I last saw him alive on July 5, 1922 and that death occurred, on the date stated above, at P. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage 74a

[Duration] _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) Arterio Sclerosis

[Duration] 20 yrs. _____ mos. _____ ds.
Signed P. C. Taylor M. D.

July 6, 1922 Address Grainland, 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 Earl Cemetery DATE OF BURIAL July 6 1922

20 UNDERTAKER W. H. H. H. H. ADDRESS Grainland

MARGIN RESERVED FOR BINDING - THIS IS A PERMANENT RECORD

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.