

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.

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 5  
OR  
Village Granville  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 44415  
Primary Registration District No. \_\_\_\_\_

File No. 382  
Registered No. 24

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

2 FULL NAME Jim Donavin

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> MARRIED (Write the word)
6 DATE OF BIRTH <u>Not known about 70</u> (Month) (Day) (Year)		
7 AGE <u>about 70</u> yrs. mos. ds.		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer 000</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Putnam Co</u>		
10 NAME OF FATHER <u>not known</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>not known</u>		
12 MAIDEN NAME OF MOTHER <u>not known</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>not known</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>L. M. Freeman</u> [Address] <u>Granville Tenn</u>		
15 Filed <u>Sep 10 1922</u> <u>W. S. Maddox</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>Sep 10 1922</u> (Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 5 1922</u> to <u>Sep 10 1922</u> that I last saw him alive on <u>Sep 10 1922</u> and that death occurred, on the date stated above, at <u>7 P. M</u> The CAUSE OF DEATH* was as follows: <u>Bacillary Dysentery</u> [Duration] yrs. mos. ds. <u>2 16 16</u>	
Contributory [SECONDARY] <u>Influenza</u> [Duration] yrs. mos. ds.	
Signed <u>L. M. Freeman</u> M. D. <u>Sep 10 1922</u> Address <u>Granville</u>	
* 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 <u>Putnam Co</u>	DATE OF BURIAL <u>Sep 11 1922</u>
20 UNDERTAKER <u>not known</u>	ADDRESS