

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. 44405
Primary Registration District No. _____

File No. 413
Registered No. 28

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

2 FULL NAME Jas Bryant

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 X X 1888
(Month) (Day) (Year)

7 AGE 34 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) 000

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Jamson Bryant

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Dont. Knew

13 BIRTHPLACE OF MOTHER (State or country) Do

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

[Address] _____

15 Filed 12-1 1922 W F Maddux
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 24 19122
[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 10 AM

The CAUSE OF DEATH* was as follows:
Killed by falling tree fracture at base of skull death instantaneous
[Duration] yrs. 20 mos. 2 ds.

Contributory [SECONDARY] _____ [Duration] yrs. mos. ds.
Signed L M Freeman MD M. D.
12-1 19122 Address Granville

* 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 Granville Tenn DATE OF BURIAL Nov 25 19122

20 UNDERTAKER Williamson Bros ADDRESS Granville