

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. 5
 OR
 Village Draville
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44405
 Primary Registration District No. _____

File No. 419
 Registered No. 31

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

2 FULL NAME Earb Thomas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, married, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH not known 1 _____ (Year)

7 AGE 76 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country) so

12 MAIDEN NAME OF MOTHER so

13 BIRTHPLACE OF MOTHER (State or country) so

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) G

[Address] _____

15 Filed 12-3-22 W. J. Maddox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 2 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 1922 to same, 1922, that I last saw him alive on Nov 25, 1922 and that death occurred, on the date stated above, at 4 a M

The CAUSE OF DEATH* was as follows:
Cancer of (Spleen) Spleen

Long [Duration] yrs. _____ mos. _____ ds. 49

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

Signed L. M. Freeman M. D.
12-3-22 Address Draville

* 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 Draville DATE OF BURIAL 12-3-22

20 UNDERTAKER Williamson Bros ADDRESS Draville