

STATE OF TENNESSEE

397

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 4
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. _____

File No. _____

Primary Registration District No. 442

Registered No. _____

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

2 FULL NAME Fred Greenwood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH March (Month) 14 (Day) 1924 (Year)

7 AGE _____ yrs. _____ mos. 12 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Gainesboro

10 NAME OF FATHER Hyman Greenwood

11 BIRTHPLACE OF FATHER (State or country) Painters Creek

12 MAIDEN NAME OF MOTHER Nora Harris

13 BIRTHPLACE OF MOTHER (State or country) Gainesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Hyman Greenwood

[Address] Gainesboro

15

Filed Mar 29, 1924 A. J. Pharis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 28 (Day) 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 192____, to _____, 192____, that I last saw h_____ alive on _____, 192____, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows:

No medical aid in father's
and
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed A. J. Pharis M. D.
_____, 192____ Address _____

* 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 Asa L. Green DATE OF BURIAL March 29, 1924

20 UNDERTAKER Do L. Green ADDRESS Gainesboro

DO NOT TEAR OUT

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.