

STATE OF TENNESSEE

115

STATE BOARD OF HEALTH,
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County DuRoi

Civil Dist. 8

Village _____

City _____

Registration District No. 44408

Primary Registration District No. _____

St.; _____ Ward)

File No. 6

Registered No. _____
[If death occurred in hospital or institution, give its name and street and number.]

2 FULL NAME Bryan Head

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ 1 (Year) _____ (Month) _____ (Day)

7 AGE 48 yrs. 2 mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Calvin Hall

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER May Bailey

13 BIRTHPLACE OF MOTHER (State or country) Tenn

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

[Address] _____

15 Filed May 1924 Mrs. J. M. Case REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 4 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 1924 to May 1924 that I last saw him alive on May 5, 1924 and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:
Cancer of the Pa

[Duration] _____ yrs. 8 mos.

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

Signed _____ 191 _____ Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTES, 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 Wainwright

19 PLACE OF BURIAL OR REMOVAL Bury cemetery DATE OF BURIAL May 5

20 UNDERTAKER 5 701 ADDRESS _____

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.