

STATE OF TENNESSEE 420  
STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Eastman

Civil Dist. 6

Village

City

Registration District No.

Primary Registration District No. 442

(No.

St.;

Ward)

File No.

Registered No. 4

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

2 FULL NAME Ransom Strong

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH unknown  
he came from Ky here  
about 20 yrs. ago (Month) (Day) (Year) 18

7 AGE about 14 If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
yrs. mos. da.

8 OCCUPATION run in yard  
(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) Kentucky

10 NAME OF FATHER Bob Strong

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Stans Strong

[Address] Gainesboro

15

Filed June 1, 1924 W. J. Harris  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 27, 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 192\_\_ to \_\_\_\_\_ 192\_\_

that I last saw him alive on \_\_\_\_\_ 192\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows: no medical  
and no attendance this boy  
came from Kentucky since  
here to one of his uncles and  
died

[Duration] \_\_\_\_\_  
Contributory [SECONDARY] I B way what killed by  
fracture [Duration] yrs. 205

Signed W. J. Harris Reg. 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] Recent  
At place of death yrs. mos. da. State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Abba Lyon on DATE OF BURIAL May 28, 1924

20 UNDERTAKER Dr. J. H. ... ADDRESS ...

DO NOT TEAR OUT  
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.