

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 422

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. First  
OR  
Village Gainesboro  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 441  
Primary Registration District No. 44401

File No. 12

Registered No. \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

2 FULL NAME Edwiny Stanton May

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 Apr 11 1858  
(Month) (Day) (Year)

7 AGE 66 yrs. 09 mos. 19 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Andy May

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Pol Softer

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] \_\_\_\_\_  
[Address] \_\_\_\_\_

15 Filed July 8 1924 ms 115 hutter  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 28 1924  
(Month) (Day) (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 1245

The CAUSE OF DEATH\* was as follows: 31

Tuberculosis  
[Duration] yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_  
[Duration] yrs. mos. ds.

Signed Chas. P. Purvis 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 Pharr Cemetery DATE OF BURIAL May 24 1924

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_