

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.

1 PLACE OF DEATH			STATE OF TENNESSEE		457
County <u>Buttontown Jackson</u>			STATE BOARD OF HEALTH		
Civil Dist. <u># 5</u>			Bureau of Vital Statistics		
OR Village <u>Granville</u>			CERTIFICATE OF DEATH		
OR City _____ (No. _____ St.; _____ Ward)			Registration District No. <u>44405</u>		File No. _____
Primary Registration District No. <u>5</u>			Registered No. <u>3</u>		[If death occurred in a hospital or institution, give its NAME in full and street and number.]
2 FULL NAME <u>Edgar Kelly Harris</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH <u>Sept 30</u> , 192 <u>4</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>Nov 5</u> , 190 <u>8</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>July</u> , 192 <u>4</u> , to <u>Sept 29</u> , 192 <u>4</u> , that I last saw him live on <u>Sept 29</u> , 192 <u>4</u> and that death occurred, on the date stated above, at <u>10</u> : <u>10</u> A.M. The CAUSE OF DEATH* was as follows: <u>Typhoid fever &amp; Tuberculosis</u>			
7 AGE <u>15</u> yrs. <u>6</u> mo. <u>6</u> ds.	If LESS than 1 day, _____ hrs. or _____ min.?		[Duration] _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer 000</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (State or country) <u>Jackson Tenn</u>			Signed <u>L. M. Freeman</u> , M. D. 192 _____ Address <u>Granville Tenn</u>		
10 NAME OF FATHER <u>L. R. Harris</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Tenn</u>			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 _____		
12 MAIDEN NAME OF MOTHER <u>Mathie Halland</u>			19 PLACE OF BURIAL OR REMOVAL <u>Near Granville</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Tenn</u>			DATE OF BURIAL <u>Oct 1</u> , 192 <u>4</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>L. R. Harris</u> [Address] <u>Granville</u>			20 UNDERTAKER <u>Tom M. Watts</u>		
15 Filed <u>Nov 4</u> , 192 <u>4</u> <u>H. S. Holleman</u> REGISTRAR			ADDRESS <u>Granville</u>		