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461 82

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. 5
OR
Village _____
OR
City Graville (No. _____ St.; _____ Ward)

Registration District No. 44405
Primary Registration District No. _____

File No. _____
Registered No. 6
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

occurred in a hospital or institution, ME instead of number.]

2 FULL NAME not named

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF BIRTH Sept 29 1924
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ da. If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (State or country) Near Graville

10 NAME OF FATHER Walter Clark

11 BIRTHPLACE OF FATHER (State or country) near Graville

12 MAIDEN NAME OF MOTHER Willie Helits

13 BIRTHPLACE OF MOTHER (State or country) Near Graville

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 29 1924
(Month) (Day) (Year)

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

The CAUSE OF DEATH* was as follows:
Still born

[Duration] _____ yrs. _____ mos. _____ da.

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

Signed Dr. W. B. Page M. D.
Address Graville Tenn

* 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. _____ 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 _____ DATE OF BURIAL 30 1924

20 UNDERTAKER Father Walter Clark ADDRESS Graville Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant Dr. W. B. Page
[Address] Graville

Nov 10 1924 W. B. Holliman
REGISTRAR

1924 [Year]
deceased from _____ 1924
_____ 191
M
28
years
upper
M. D.
T
LENT CAUSE
SUICIDAL
INSTITUTION
nos.