

STATE OF TENNESSEE - 465

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Carroll JacksonCivil Dist. 10 5OR
Village GranvilleOR
CityRegistration District No. 44405Primary Registration District No. 0

File No. _____

Registered No. 4

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

2 FULL NAME

James Andrew Stout

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH June 9 1888
(Month) (Day) (Year)7 AGE 66 yrs. 4 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farming 000
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co10 NAME OF FATHER William Stout11 BIRTHPLACE OF FATHER [State or country] Jackson12 MAIDEN NAME OF MOTHER Doyt13 BIRTHPLACE OF MOTHER [State or country] J

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Will W Stout[Address] Granville Ten15 Filed Nov, 4, 1924, H. S. Holloman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 13 1924
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from April 1924 to Oct 13 1924, that I last saw him alive on Oct 13 1924 and that death occurred, on the date stated above, at 8 P. M.The CAUSE OF DEATH* was as follows:
Myocardial Regurgitation 90
with dropsy

Contributory [SECONDARY] _____

Signed L. M. Freeman M. D.
192 _____ Address Granville Ten

* 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 Granville DATE OF BURIAL Oct 14 192420 UNDERTAKER Tom M Watts ADDRESS GranvilleDO 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.