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.

STATE OF TENNESSEE 468

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County ~~Antonom~~ Jackson
Civil Dist. ~~1st~~ 5
or
Village Granville
or
City ______ (No. ______, ______ St.; ______ Ward)

Registration District No. 44405 File No. ______
Primary Registration District No. 5 Registered No. 2
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Babe Myers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE black
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH (Month) (Day), (Year)
7 AGE 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer 196
(b) General nature of industry, business, or establishment in which employed (or employer)
9 BIRTHPLACE (State or country)
PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)

No Information Furnished

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)
15
Filed Nov. 4, 1924. H. S. Holleman, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 25 (Day) 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ______, 192__, to ______, 192__, that I last saw him alive on June, 1924 and that death occurred, on the date stated above, at ______ M.

The CAUSE OF DEATH* was as follows: 90
Rheumatism complicated with an Endocarditis
(Duration) yrs. mos. ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.

Signed L M Freeman M. D.
______ 192__ Address Granville

* 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 Near Granville
DATE OF BURIAL Oct 1924
20 UNDERTAKER Tom M Watts
ADDRESS Granville