

MARGIN RESERVED FOR BINDING
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
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1002

1 PLACE OF DEATH
County Jackson
Civil Dist. 9
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 442
Primary Registration District No. _____
File No. 1
Registered No. 1
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Levi Steward

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH June 30, 1847
(Month) (Day) (Year)

7 AGE 82 yrs. 6 mos. 10 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER John Steward

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Santha Boyd

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] J. J. Carrington RHT
[Address] Cookeville, Tenn

15
Filed Jan 15 1927 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10, 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 1927, to _____, 1927, that I last saw him alive on _____, 1927, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: 75 b
Paralysis
[Duration] _____ yrs. _____ mos. _____ ds.

Contributory no medical aid
[SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.

Signed _____ M. D.
_____, 1927 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 Watson Dr. Cemetery DATE OF BURIAL 7-11-1927

20 UNDERTAKER + ADDRESS Cookeville Tenn

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