

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** 3245

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. 5th  
 OR  
 Village \_\_\_\_\_  
 OR  
 City Granville Tenn. St.; Ward \_\_\_\_\_

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

2 FULL NAME William Birdwell

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

**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 May 11 1850  
 (Month) (Day) (Year)

7 AGE 76 yrs. 6 mos. 26 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer 000  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Temp Birdwell  
 11 BIRTHPLACE OF FATHER [State or country] Tenn.  
 12 MAIDEN NAME OF MOTHER Cecilia Houston  
 13 BIRTHPLACE OF MOTHER [State or country] Tenn.

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Feb 6 1927  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1926 to Feb 6 1927 that I last saw him live on Feb 5 1927 and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH\* was as follows:  
mitral Regurgitation  
90  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed L M Freeman M. D.  
 \_\_\_\_\_ 1927 Address Granville Tenn

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] John Bush  
 [Address] Granville Tenn

15  
 Filed Mar 10 1927 H. S. Holloman REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Birdwell Tenn. DATE OF BURIAL 2/7 1927  
 20 UNDERTAKER J M Hutto & Co ADDRESS Granville Tenn