

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

3246

1 PLACE OF DEATH
County Jackson
Civil Dist. 5th
OR
Village
OR
City Granville Tenn (No. _____ St.; _____ Ward)

Registration District No. _____

File No. _____

Primary Registration District No. _____

Registered No. _____

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

2 FULL NAME John Harris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, married, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH Dec - 7 - 1858
(Month) (Day) (Year)

7 AGE 68 yrs. 4 mos. 21 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Georgia

10 NAME OF FATHER Carton Harris

11 BIRTHPLACE OF FATHER [State or country] Georgia

12 MAIDEN NAME OF MOTHER Elizabeth Davis

13 BIRTHPLACE OF MOTHER [State or country] Georgia

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

15 File Mar 10 1927 H. S. Holloman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 28 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 1926 to Feb 23 1927, that I last saw him alive on Feb 23 1927 and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH* was as follows: 48

Sarcoma of face and neck
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ (Duration) _____ yrs. _____ mos. _____ ds.
Signed L. M. Lucman 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.

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 Vinson Graveyard DATE OF BURIAL 2/2 1927

20 UNDERTAKER Tom Wattle & Co ADDRESS Granville Tenn