

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.

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

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. XX4
 Primary Registration District No. 14

5514
 File No. _____
 Registered No. _____

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

2 FULL NAME Walter Hirschel Dycus

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
 (Write the word)
 6 DATE OF BIRTH Feb. 22, 1860
 (Month) (Day) (Year)
 7 AGE 67 yrs. 1 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer). General Farm Work
 9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Addison Dycus
 11 BIRTHPLACE OF FATHER [State or country] North Carolina
 12 MAIDEN NAME OF MOTHER Johnson
 13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Eula Dycus
 [Address] Difficult str 1-Jam

15. Filed 4-10-1927 Berry Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 30, 1927
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1925 to Mar 29, 1927, that I last saw him alive on Mar 29, 1927 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
He was operated 18-19 25 for enlarged prostate, in March 1927 developed fistula. He died of Curious Poisons
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
 Signed Dr W C Robinson M. D.
Apr 6, 1927 Address Difficult 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 _____

19 PLACE OF BURIAL OR REMOVAL Camp Ground DATE OF BURIAL 3-31-1927
 20 UNDERTAKER G M Russell ADDRESS Difficult Tenn