

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. 7th  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH 15456

Registration District No. 44407

File No. 1

Primary Registration District No. 7

Registered No. \_\_\_\_\_

2 FULL NAME Harry Brewington

[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, WIDDED, OR DIVORCED married  
 (Write the word)

6 DATE OF BIRTH 7 27 1879  
 (Month) (Day) (Year)

7 AGE 47 yrs. 11 mos. 20 da. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. R.R. Engineer  
 (b) General nature of industry, business, or establishment in which employed (or employer) 644

9 BIRTHPLACE (State or country) Jackson Co. Tenn.

10 NAME OF FATHER A.B. Brewington

11 BIRTHPLACE OF FATHER [State or country] Smith Co. Tenn.

12 MAIDEN NAME OF MOTHER Sissy Harris

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J.W. Vinson  
 [Address] Bloomington, Tenn.

15 Filed July 24 1927 Vadon H. Whelan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 17 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 10<sup>th</sup> 1927 to July 17<sup>th</sup> 1927, that I last saw him live on July 17<sup>th</sup> 1927 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH\* was as follows:  
G. B. of Rt. Kidney  
36d

[Duration] 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] Hieperugh

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.

Signed L. Anderson M. D.

7/19<sup>th</sup> 1927 Address Gainesburg

\*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 DATE OF BURIAL

Currier Chapel Cem 7/18<sup>th</sup> 1927

20 UNDERTAKER ADDRESS

Walter Thomas Granville