

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 15459

1 PLACE OF DEATH
County Jackson
Civil Dist. 13
OR
Village _____
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. 44413
Primary Registration District No. _____
File No. 121
Registered No. 121

2 FULL NAME Cecil L. Crowder

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 23, 1914
(Month) (Day) (Year)

7 AGE 8 yrs. 1 mos. 3 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Tallent G. Crowder

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Louisa Crowder

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] T. F. Crowder
[Address] Wheelyville

15
Filed 7-27-1927 J. D. Dukes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH July 26, 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1927 to July 26, 1927, that I last saw him alive on July 26, 1927 and that death occurred, on the date stated above, at 11 AM
The CAUSE OF DEATH* was as follows: 112
Cecile Gueherts

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. D. Dukes M. D.
7-26-1927 Address Wheelyville

* 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 8 yrs. 1 mos. 3 ds. In the State 8 yrs. 1 mos. 3 ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jackson County DATE OF BURIAL 7-27-1927
20 UNDERTAKER Drops & Drops ADDRESS Greenwood