

MARGIN RESERVED FOR BINDING
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. No 1
 or
 Village _____
 or
 City Gainesboro Tenn (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH **24525**

Registration District No. 441 File No. 18
 Primary Registration District No. 44401 Registered No. _____

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

2 FULL NAME Ellam G. Morrell

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE, Single MARRIED, WIDOWED, OR DIVORCED (Write the word)
 6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)
 7 AGE 22 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Nashville Tennessee

10 NAME OF FATHER G. M. Morrell

11 BIRTHPLACE OF FATHER (State or country) Milldon, Tenn

12 MAIDEN NAME OF MOTHER Lusie Jones

13 BIRTHPLACE OF MOTHER (State or country) Milldon, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. R. Haul
 (Address) Gainesboro Tenn

15 Filed Nov 28 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 24, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from not at all 1911, to never, 1911, that I last saw h. alive on never, 1911, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Drowning in 182
Cumberland river by falling
off of bridge
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) C. E. Rivers, M. D.
 _____, 1911 (Address)

*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 St. Olivet DATE OF BURIAL Nov 29 1927

20 UNDERTAKER Dr. H. H. H. H. H. ADDRESS Gainesboro Tenn