

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.

1550 1/2 W. 4th St. Memphis

1 PLACE OF DEATH

STATE OF TENNESSEE

County Jackson
 Civil Dist. 5th
 OR
 Village Granville
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH **24527**

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

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

2 FULL NAME Mrs. Eliza Gibson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Nov 14 1927
 [Month] [Day] [Year]

6 DATE OF BIRTH _____
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23 1927 to Nov 14 1927
 that I last saw her alive on Nov 14 1927
 and that death occurred, on the date stated above, at 3:30 P. M.

7 AGE about 50
 yrs. mos. ds. If LESS than 1 day, ____ hrs. or ____ min.?

The CAUSE OF DEATH* was as follows: Infectious form sticking nail in foot 3 months prior and gangrene set up with general infection [Duration] yrs. mos. ds.

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

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

9 BIRTHPLACE (State or country) Jackson Co

Signed L. M. Truman M. D.
 1927 Address Granville Tenn

10 NAME OF FATHER Roy Willoughby

11 BIRTHPLACE OF FATHER [State or country] Jackson Co

12 MAIDEN NAME OF MOTHER Brown

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co

* 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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Wm. Watts & Co

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 _____

[Address] Granville Tenn

19 PLACE OF BURIAL OR REMOVAL Burial Ground DATE OF BURIAL _____

15 Filed Dec 13 1927 H. S. Holliman REGISTRAR

20 UNDERTAKER J. M. Wall & Co ADDRESS Granville Tenn