

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 **24531**
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 5th Registration District No. _____
OR
Village Granville Primary Registration District No. _____
OR
City _____ (No. _____, St.; Ward _____)

File No. _____
Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Eliza Faires Knight

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE 75 yrs. 14 mos. 14 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) South Putnam Co.

10 NAME OF FATHER Robt Faires

11 BIRTHPLACE OF FATHER (State or country) Put N. C.

12 MAIDEN NAME OF MOTHER Jane McKinley

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] T. M. Watts & Co.
[Address] Granville Tn.

15 Filed Dec 13, 1927 H. L. Holloman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 24, 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May, 1927, to Sept, 1927, that I last saw her alive on Sept 24, 1927 and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach
44

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

Signed T. M. Faires M. D.
_____ 1927 Address Granville Tn.

* 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 Chestnut St. DATE OF BURIAL Sept 26, 1927

20 UNDERTAKER T. M. Watts & Co. ADDRESS Granville Tn.