

DO NOT TEAR OUT
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. 5
OR
Village Granville
OR
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics **24535**
CERTIFICATE OF DEATH

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

2 FULL NAME

Elizabeth Hargis

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

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 Nov : 846
(Month) (Day) (Year)

7 AGE 80 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Abie Montgomery

11 BIRTHPLACE OF FATHER [State or country]

12 MAIDEN NAME OF MOTHER L Ann Hamilton

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] W A Hargis
[Address] Douglas Tenn

15 Filed Dec 3 1927 H. S. Holliman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from April 14 1927 to May 24 1927 that I last saw her alive on May 24 1927 and that death occurred, on the date stated above, at 3 P.M.

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

[Duration] yrs. mos. ds.

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

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

* 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 Granville Tenn DATE OF BURIAL May 25 1927

20 UNDERTAKER J M Watts & Co ADDRESS Granville Tenn