

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 6  
 OR  
 Village Granville  
 OR  
 City (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH **24537**

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

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

2 FULL NAME Deila Phillips

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
 (Write the word)

6 DATE OF BIRTH April 6 1843  
 (Month) (Day) (Year)

7 AGE 84 yrs. 20 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) Smith Co. Tenn

10 NAME OF FATHER James Trausdale

11 BIRTHPLACE OF FATHER (State or country) Smith Co. Tenn

12 MAIDEN NAME OF MOTHER Cowen

13 BIRTHPLACE OF MOTHER (State or country) Smith Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Mat Phillips

[Address] Granville Tenn

15 Filed Dec 3 1927 H. S. Holloman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 21 1927  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 6 1927 to April 21 1927 that I last saw her alive on April 21 1927 and that death occurred, on the date stated above, at 20 M

The CAUSE OF DEATH\* was as follows: mutual Regurgitation 90

[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 Phillips graveyard DATE OF BURIAL Apr 22 1927

20 UNDERTAKER T M Watts ADDRESS Granville Tenn