

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

28767

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. # 4OR
VillageOR
CityRegistration District No. 44464

Primary Registration District No.

File No.

Registered No. 7[If death occurred in a
hospital or institution,
give its NAME instead of
street and number.]2 FULL NAME Richard B. Crowder

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, DIVORCED, married
(Write the word)6 DATE OF BIRTH 4 - - 1854
(Month) (Day) (Year)7 AGE 73 yrs. 8 mos. - ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer 000
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Harris Crowder11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER [State or country] Hutkins

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Lon Will[Address] Willets Tenn15 Lon Will & Pat Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 21 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1927 to Dec 21 1927.that I last saw him alive on 21 1927and that death occurred, on the date stated above, at 5 P M

The CAUSE OF DEATH* was as follows:

accidental by truck turning over - (fractured internally)[Duration] yrs. 2 mos. hours ds.Contributory [SECONDARY] 1880

[Duration] yrs. mos. ds.

Signed R B Clark M.D. M. D.Jan 2 1928 Address Reel Bailing & Co

* 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 Whitesville Tenn19 PLACE OF BURIAL OR REMOVAL Johnson cemetery DATE OF BURIAL Dec 22 192720 UNDERTAKER Lon Will ADDRESS Willets TennMARGIN 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.