

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  
 OR  
 Village \_\_\_\_\_  
 OR  
 City Grimesboro Tenn (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

8086

CERTIFICATE OF DEATH

Registration District No. 4-4-1  
 Primary Registration District No. 4-4-1-0

File No. 9  
 Registered No. \_\_\_\_\_

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

2 FULL NAME Thomas Grisdale

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Me 12 1952  
 (Month) (Day) (Year)

7 AGE 77 living 3 days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 yrs. mos. ds.

8 OCCUPATION Hammer 000  
 (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) Jackson Co. Tenn

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15 Filed Apr 9 1952 W. H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Me 9 1952  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Me 4 1929 to Me 9 1929, that I last saw him live on Me 9 1929 and that death occurred, on the date stated above, at 4:40 PM

The CAUSE OF DEATH\* was as follows:

Green & Pneumonia

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

Signed C. E. Reeves M. D.  
Me 15 1929 Address Grimesboro 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 DATE OF BURIAL

Philly Cemetery me 12 1952  
 20 UNDERTAKER ADDRESS  
Don't know