

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 Dis. 14  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

20159

File No. \_\_\_\_\_

Reg. No. \_\_\_\_\_

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

2 FULL NAME Boyce Allen Holland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, <input checked="" type="checkbox"/> Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> or divorced <input type="checkbox"/> (Write the word)
6 DATE OF BIRTH <u>Apr. 21</u> <u>1924</u> (Month) (Day) (Year)		
7 AGE <u>5</u> yrs. <u>3</u> mos. <u>16</u> 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) <u>Jackson Co.</u>		
PARENTS	10 NAME OF FATHER <u>Landon Holland</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co.</u>	
	12 MAIDEN NAME OF MOTHER <u>Kate Heffern</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Curtis Holland  
 (Address) Difficult Tenn

15

Filed Aug 29 1929 Judy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
Aug 7 1929  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from July 30 1929, to Aug 6 1929, that I last saw him alive on Aug 6 1929 and that death occurred, on the date stated above, at 9 AM

The CAUSE OF DEATH\* was as follows:  
Leatitis

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (Secondary)  
 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Signed Chas H Robinson M. D.  
Aug 6 1929 address Difficult

\*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

Holland Cem Aug 8 1929

20 UNDERTAKER

Anderson & Co Difficult