

MARGIN 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.

1 PLACE OF DEATH

County Franklin
Civil Dist. No 1
OR
Village _____
OR
City Gainesboro (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

22372

Registration District No. 441
Primary Registration District No. 44401

File No. 17

Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Hyram Pharris

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 10 29 1898
(Month) (Day) (Year)

7 AGE 80 yrs. 10 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Hammering/Preaching
(b) General nature of industry, business, or establishment in which employed (or employer) As stated 000

9 BIRTHPLACE (State or country) St. D. Johnson Co, Tenn

PARENTS

10 NAME OF FATHER James Pharris
11 BIRTHPLACE OF FATHER (State or country) Don't know
12 MAIDEN NAME OF MOTHER Harris
13 BIRTHPLACE OF MOTHER (State or country) Jackson County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____

15 Sept 17 1929 Wm H. Smith
Filed _____ 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 2 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st 1929, to Sept 1st 1929, that I last saw him alive on Sept 1st 1929, and that death occurred, on the date stated above, at 4 P. M

The CAUSE OF DEATH* was as follows:
Old age, High Blood Pressure
Gangrene as a complication
40
[Duration] 151 yrs. 10 mos. 15 ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
Signed C. F. Reams M. D.
Sept 4 1929 Address Gainesboro

* 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 _____

19 PLACE OF BURIAL OR REMOVAL Pharris cemetery DATE OF BURIAL Sept 2 1929
20 UNDERTAKER Wm H. Smith ADDRESS Gainesboro