

WRITE PLAINLY. **INK** 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   |  | STATE OF TENNESSEE   |  |
|--|--|--|--|
| County <u>Jackson</u>  |  | STATE BOARD OF HEALTH  |  |
| Civil Dist. <u>5</u>   |  | Bureau of Vital Statistics   |  |
| OR Village <u>Granville</u>  |  | CERTIFICATE OF DEATH   |  |
| OR City _____ (No. _____, St.; Ward _____)   |  | 22375  |  |
| 2 FULL NAME <u>Bill Myers</u>  |  | Registration District No. _____ File No. _____   |  |
| Primary Registration District No. _____  |  | Registered No. _____   |  |
| PERSONAL AND STATISTICAL PARTICULARS   |  | MEDICAL CERTIFICATE OF DEATH   |  |
| 3 SEX <u>male</u>  | 4 COLOR OR RACE <u>colored</u>                     | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>  | 16 DATE OF DEATH <u>Aug 20 1929</u><br>[Month] [Day] [Year]                |
| 6 DATE OF BIRTH _____<br>(Month) (Day) (Year) <u>1891</u>  |  | 17 I HEREBY CERTIFY, That I attended deceased from <u>July 22 1929</u> to <u>Aug 20 1929</u> , that I last saw him alive on <u>Aug 20 1929</u> and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: <u>1 d Typhoid Fever &amp; T. B.</u> |  |
| 7 AGE <u>About 38</u> yrs. mos. ds.  | If LESS than 1 day, _____ hrs. or _____ min.?      |  | [Duration] yrs. mos. ds. <u>30</u>   |
| 8 OCCUPATION<br>(a) Trade, profession, or particular kind of work. <u>Farmer 000</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) _____ | 9 BIRTHPLACE (State or country) <u>Jackson Co.</u> |  | Contributory [SECONDARY] <u>N.B.</u><br>[Duration] yrs. mos. ds. <u>12</u> |
| 10 NAME OF FATHER <u>Earl Myers</u>  |  | Signed <u>W.B. Page</u> M. D.<br><u>12/18 1929</u> Address <u>Granville, Tenn.</u>   |  |
| 11 BIRTHPLACE OF FATHER [State or country] <u>Jackson Co.</u>  |  | * 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.  |  |
| 12 MAIDEN NAME OF MOTHER <u>Jennie Sadler</u>  |  | 18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]<br>At place of death _____ yrs. mos. ds. In the State _____ yrs. mos. ds.<br>Where was disease contracted, if not at place of death?<br>Former or usual residence _____                           |  |
| 13 BIRTHPLACE OF MOTHER [State or country] <u>Jackson Co.</u>  |  | 19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL <u>Aug 25 1929</u>  |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>[Informant] _____<br>[Address] _____   |  | 20 UNDERTAKER <u>Schwartz &amp; Co</u><br>ADDRESS _____  |  |
| 15<br>Filed <u>Oct 14 1929</u> <u>H. L. Hall</u> REGISTRAR   |  |  |  |