

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.

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 11<sup>th</sup>  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44411  
Primary Registration District No. 11

22377

File No. \_\_\_\_\_  
Registered No. 7  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Stauts, Elrod

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH 7 4 1869  
(Month) (Day) (Year)

7 AGE 59 yrs. 8 mos. 0 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION Farmer  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer) Gen. Farming

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Lewis Elrod

[Address] Memphis, Tenn.

15

File 10/7<sup>th</sup> 1929 L.R. Auduser  
REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 - 4 - 1929  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 27<sup>th</sup>, 1929 to Aug 3<sup>rd</sup>, 1929, that I last saw him live on Aug 3<sup>rd</sup>, 1929

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH\* was as follows: 114  
colitis

[Duration] yrs. mos. 7 ds.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] yrs. mos. ds.

Signed L.R. Auduser M. D.

s/s 1929 Address Memphis

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

Carter Creek 8/5 1929

20 UNDERTAKER ADDRESS

Orpurt & Orpurt