

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 .....

Civil Dist. ....

OR  
Village .....OR  
City .....

Registration District No. ....

Primary Registration District No. ....

(No. .... St.; .... Ward)

File No. ....

Registered No. ....

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

2 FULL NAME *Robert Duke*

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

29718

## CERTIFICATE OF DEATH

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*  
(Write the word)6 DATE OF BIRTH *Feb 3 1915*  
(Month) (Day) (Year)7 AGE *14 yrs. 9 mos. 29 ds.* If LESS than 1 day, hrs. or min.?8 OCCUPATION *Farmer 010*  
(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*10 NAME OF FATHER *R. L. Duke*11 BIRTHPLACE OF FATHER (State or country) *Jackson Co*12 MAIDEN NAME OF MOTHER *Lula Green*13 BIRTHPLACE OF MOTHER (State or country) *Smith Co.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] .....

[Address] .....

15 Filed *Dec 9 1927* *H. S. Holliman*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 2 1927*  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from *Nov 27 1927* to *Nov 30 1927* that I last saw him alive on *Nov 1927*and that death occurred, on the date stated above, at *4 AM*

The CAUSE OF DEATH\* was as follows:

*1. Brain Lesion 84  
Could not make a  
Positive diagnosis*

[Duration] yrs. mos. ds.

Contributory [SECONDARY] .....

[Duration] yrs. mos. ds.

Signed *L. M. Freeman* M. D.1927 Address *Granville 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

*12/3/27*

20 UNDERTAKER

ADDRESS

*J. M. Watts & Co* *Granville Tenn*