STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH 29727

1 PLACE OF DEATH

County Jackson

Civil Dist. 5

or Village Granville

or City (No. St.; Ward)

Registration District No. File No.

Primary Registration District No. Registered No.

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

2 FULL NAME Leon Rush

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6 DATE OF BIRTH: 1 (Month) (Day), 1920 (Year)

7 AGE: 8 yrs. mos. 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)

PARENTS

10 NAME OF FATHER: Bob Rush

11 BIRTHPLACE OF FATHER [State or country]: Jackson County

12 MAIDEN NAME OF MOTHER: Mary Keith

13 BIRTHPLACE OF MOTHER [State or country]: Jackson County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15

Filed Jan 11, 1930 H. S. Holleman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 12 (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 5 1929, to Aug 12, 1929, that I last saw him alive on Aug 11 1929 and that death occurred, on the date stated above, at 2 P M

The CAUSE OF DEATH* was as follows:
Colitis 114

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed L M Freeman M. D.

192 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: J R Carver

DATE OF BURIAL: 8/13 1929

20 UNDERTAKER

ADDRESS: Granville