

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

29730

1 PLACE OF DEATH

County

Civil Dist.

OR

Village

OR

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

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

2 FULL NAME *Harley Duke*

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 *April 22 1900*
(Month) (Day) (Year)7 AGE *29* yrs. *10* mos. *10* ds. IF LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work *Farmer 000*
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Jackson Co.*10 NAME OF FATHER *J. C. Duke*11 BIRTHPLACE OF FATHER (State or country) *Jackson Co.*12 MAIDEN NAME OF MOTHER *Lilie Burton*13 BIRTHPLACE OF MOTHER (State or country) *Jackson Co.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15

Filed *Dec 26 1929* *H. B. Holliman*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 2 1929*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *April 20 1929* to *May 1 1929* that I last saw him alive on *May 1 1929* and that death occurred, on the date stated above, at *3 PM*The CAUSE OF DEATH* was as follows:
Tuberculosis of Bowel

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed *L. M. Furman* M. D.1929 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?

Form or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

5-2 1929

20 UNDERTAKER

ADDRESS

J. M. Watts + Co.