

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) .....

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

7 29732

File No. ....

Registered No. ....

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

2 FULL NAME *Miron M<sup>e</sup> Donald*

## 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 *Oct 14 1905*  
(Month) (Day) (Year)7 AGE *23* yrs. *8* mos. *24* ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work. *An invalid*  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER *Geo. M<sup>e</sup> Donald*11 BIRTHPLACE OF FATHER [State or country] *Putman Co*12 MAIDEN NAME OF MOTHER *Ann<sup>ie</sup> Apple*13 BIRTHPLACE OF MOTHER [State or country] *Putman Co.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] .....

[Address] .....

15

Filed *Dec 6 1927**W. S. Holloman*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 8 1929*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *5th of Apr 1929* to *May 8 1929* that I last saw him alive on *May 8 1929* and that death occurred, on the date stated above, at *8 P M*

The CAUSE OF DEATH\* was as follows:

*Was gone to Knoxville Bryan Hospital. He was at Central Hospital 2 days and came here and died there.* [Duration] *6* yrs. *8* mos. *24* ds.Contributory [SECONDARY] *7056*

[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?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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