

DO NOT TEAR OUT WRITING 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

STATE OF TENNESSEE

County Jackson

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

29740

Civil Dist. 9

CERTIFICATE OF DEATH

Registration District No. 442

File No. 7

Village \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 7

City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

2 FULL NAME Citro Herdley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDDED, OR DIVORCED Single  
(Write the word)

16 DATE OF DEATH Dec 21, 1929  
[Month] [Day] [Year]

6 DATE OF BIRTH Dec 21, 1928  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192\_\_\_\_, to \_\_\_\_\_, 192\_\_\_\_,

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

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 192\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ M The CAUSE OF DEATH\* was as follows: 2056

8 OCCUPATION (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

no medical aid  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (State or country) Tenn

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10 NAME OF FATHER Quilman Herdley

Signed \_\_\_\_\_ M. D. \_\_\_\_\_, 192\_\_\_\_ Address \_\_\_\_\_

11 BIRTHPLACE OF FATHER [State or country] Tenn

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12 MAIDEN NAME OF MOTHER Margie Ballard

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS] At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

13 BIRTHPLACE OF MOTHER [State or country] Tenn

Where was disease contracted, if not at place of death? Former or usual residence \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] died in my home

19 PLACE OF BURIAL OR REMOVAL Choffin cement DATE OF BURIAL Dec 22, 1929

[Address] \_\_\_\_\_

20 UNDERTAKER none ADDRESS \_\_\_\_\_

15 Filed Dec 22, 1929 A. M. Ballard REGISTRAR