

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		STATE OF TENNESSEE	
County <u>Jackson</u>		STATE BOARD OF HEALTH	
Civil Dist. <u>No 15</u>		Bureau of Vital Statistics	
OR		CERTIFICATE OF DEATH	
Village		Registration District No. <u>442015</u>	29746
OR		File No. <u>14</u>	
City		Primary Registration District No.	Registered No.
(No. , St.; Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Safayette Walker</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>Negro</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	16 DATE OF DEATH: <u>Dec</u> <u>4</u> 19 <u>29</u> [Month] [Day] [Year]
6 DATE OF BIRTH			17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 4</u> 19 <u>29</u> to <u>Dec 4</u> 19 <u>29</u> that I last saw him alive on <u>Dec 4</u> 19 <u>29</u> and that death occurred, on the date stated above, at <u>5 P M</u>
7 AGE <u>79</u> yrs. mos. ds.			The CAUSE OF DEATH* was as follows: <u>Chronic Myocarditis.</u> <u>90</u>
8 OCCUPATION <u>Farming 000</u>			[Duration] <u>✓</u> yrs. mos. ds.
9 BIRTHPLACE (State or country) <u>Clay Co. Ten</u>			Contributory [SECONDARY]
10 NAME OF FATHER <u>X</u>			[Duration] yrs. mos. ds.
11 BIRTHPLACE OF FATHER [State or country] <u>X Clay Co.</u>			Signed <u>N. C. Fawcett</u> M. D. <u>12/7</u> 19 <u>29</u> Address <u>Gainesboro</u>
12 MAIDEN NAME OF MOTHER <u>Mandy Walker</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER [State or country] <u>Clay Co.</u>			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death yrs. mos. ds. In the State yrs. mos. ds.
[Informant]			Where was disease contracted, if not at place of death?
[Address]			Former or usual residence
15			19 PLACE OF BURIAL OR REMOVAL
Filed <u>Nov 10</u> 19 <u>29</u> <u>M. T. M. Carr</u> REGISTRAR			DATE OF BURIAL <u>Dec 6</u> 19 <u>29</u>
			20 UNDERTAKER
			ADDRESS