

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 Jackson

Civil Dis. 2

or

Village _____

or

City _____ (No. _____ St.; _____ Ward)

2 FULL NAME Bula Draper

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

31475

File No. _____

Reg. No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ♂

4 COLOR OR RACE W

5 Single, Married, Widowed, or divorced (Write the word) +

6 DATE OF BIRTH Nov 12 1895
(Month) (Day) (Year)

7 AGE 34 yrs. 12 mos. 12 ds. If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade profession or particular kind of work. House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Mont Draper

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Maggie Ray

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mont Draper

(Address) Dyersburg Tenn

15 Filed DEC 2 1929 Bury Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 21 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from June 1 1929, to 1929, that I last saw her alive on _____, 1929 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

90

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

Signed V. B. Taylor, D.
1929 address Union Street

*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

Bury Ray Nov 27 1929

20 UNDERTAKER Bury Ray ADDRESS _____