

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.

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

13639

1 PLACE OF DEATH  
 County Putnam  
 Civil Dis. 6th  
 or  
 Village \_\_\_\_\_  
 or  
 City Beathelton (No. 1, St.; \_\_\_\_\_ Ward)

Registration District No. 47206  
 Primary Registration District No. \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Reg. No. 50

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

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX M 4 COLOR OR RACE W. 5 Single, Married, Widowed, Divorced, Married  
 (Write the word)

6 DATE OF BIRTH \_\_\_\_\_ 1 \_\_\_\_\_  
 (Month) (Day) (Year)

7 AGE abt 75 yrs. mos. ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

8 OCCUPATION Farmer 000  
 (a) Trade profession or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Chas Hyder

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER 11 11  
 (State or country)

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May-7-24  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY That I attend deceased from 3-26 1925, to 5-7 1925, that I last saw h. in alive on 5-5 1925, and that death occurred, on the date stated above, at 1145 P.M.

The CAUSE OF DEATH\* was as follows:  
Endocarditis with abscess of lower jaw  
 (Duration) yrs. 2 mos. ds.

Contributory Pyorrhea  
 (Secondary) (Duration) yrs. mos. ds.

Signed J. A. Butler M. D.  
5-7 1925 address Wood Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) M. B. Jurnigan  
 (Address) Beathelton

15  
 Filed \_\_\_\_\_ 19\_\_\_\_ Registrar \_\_\_\_\_

\*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 Hyder Burialyard DATE OF BURIAL 5/8/24

20 UNDERTAKER Jeremiah & Co ADDRESS Coalfield Tenn