

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

Arthur
3180

1 PLACE OF DEATH
County Pulaski
Civil Dist. 4th
OR
Village Purmercroft
OR
City Purmercroft (No. 1 St.; Ward)

Registration District No.
Primary Registration District No.

File No.

Registered No.

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

2 FULL NAME Edward Randolph

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 March 9 1918
(Month) (Day) (Year)

7 AGE 11 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Tennessee
(State or country)

10 NAME OF FATHER Jeff Randolph

11 BIRTHPLACE OF FATHER Tennessee
[State or country]

12 MAIDEN NAME OF MOTHER Hattie Emory

13 BIRTHPLACE OF MOTHER Tennessee
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Jeff Randolph

[Address] Purmercroft Tenn.

15 Mr J S Draper

Filed 192 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 3 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept 29 1929 to Oct 3 1929, that I last saw him alive on Oct 3 1929 and that death occurred, on the date stated above, at 8:30 AM

The CAUSE OF DEATH* was as follows:

Abscess of Brain

[Duration] yrs. mos. ds.

Contributory Influenza
[SECONDARY] [Duration] yrs. mos. ds.

Signed Rayson Sutton M. D.

Oct 7 1929 Address Purmercroft

* 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 Purmercroft DATE OF BURIAL 1929

20 UNDERTAKER Mitchell ADDRESS