

WRITE PLAINLY, WITH UNFAADING 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 Shelby,  
Civil Dist. 5-  
OR  
Village \_\_\_\_\_  
OR  
City Memphis

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. 588, N. Second St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

File No. 122  
Registered No. 103

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

2 FULL NAME Sabery J. Elrod,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.  
(Write the word)

6 DATE OF BIRTH Feb. 23, 1839  
(Month) (Day) (Year)

7 AGE 81 yrs. mos. ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS  
10 NAME OF FATHER Wm. H. Richardson.  
11 BIRTHPLACE OF FATHER (State or country) N. C.  
12 MAIDEN NAME OF MOTHER Unknown.  
13 BIRTHPLACE OF MOTHER " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Joseph John G. Maynard.  
[Address] 588 N. 2nd. St.

15 Filed 1-18-21 by J. J. Neely M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 17, 1921.  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st 1920 to Jan 16, 1921.  
that I last saw her alive on Jan 16, 1921  
and that death occurred, on the date stated above, at \_\_\_\_\_ M  
The CAUSE OF DEATH\* was as follows:

Cancer of Face

[Duration] 2 yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_  
Signed J. M. Walton M. D.  
1-17-1921 Address 141 Millers

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

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]  
At place of death yrs. 5 mos. ds. In the State yrs. 5 mos. ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL 1/17/21. 191

20 UNDERTAKER McDowell & Monteverde ADDRESS