

1 PLACE OF DEATH

STATE OF TENNESSEE

85

STATE BOARD OF HEALTH

Bureau of Vital Statistics

Wagon

CERTIFICATE OF DEATH

County DyerCivil Dist. 4

OR

Village

OR

City Dyersburg (No. , St.; Ward)Registration District No. 231Primary Registration District No. 1File No. 42

Registered No. \_\_\_\_\_

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

2 FULL NAME Grants H. Shepard

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR SEPARATED Widower  
(Write the word)6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)7 AGE 83 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Merchant 786  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER [State or country] Marshall Mich12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER [State or country] "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Tom Young[Address] Dyersburg, Tenn.15 Filed 4/7 1925 State B. Sellers REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 19 1925  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from March-12 1925 to 3/19/1925, 1925, that I last saw him alive on 3/18/1925, 1925, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH\* was as follows: 57Alcohol  
poisoning  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_

Signed W. P. Watson M. D.3/19/1925 Address Dyersburg, Tenn.

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. \_\_\_\_\_ 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 Fairview DATE OF BURIAL 3/20 192520 UNDERTAKER J. W. Curry & Son ADDRESS Dyersburg, Tenn.

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.