

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			STATE OF TENNESSEE	
County <u>Cannal</u>			STATE BOARD OF HEALTH	
Civil Dist. <u>24th</u>			Bureau of Vital Statistics	
OR			CERTIFICATE OF DEATH	
Village <u>Westport</u>			Registration District No. <u>40924</u>	222
OR			Primary Registration District No. <u>24</u>	File No. <u>7</u>
City _____ (No. _____, St.; Ward _____)			Registered No. <u>7</u>	
[If death occurred in a hospital or institution, give its NAME instead of street and number.]				
2 FULL NAME <u>J. H. Boyd</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M.</u> (Write the word)	16 DATE OF DEATH <u>Jan 10 1929</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>March 2 1855</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>July 1 1928 to Jan 10 1928</u> that I last saw him alive on <u>Jan 9 1928</u> and that death occurred, on the date stated above, at <u>4 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Tuberculosis 129</u>	
7 AGE <u>73</u> yrs. <u>10</u> mos. <u>28</u> da.	If LESS than 1 day, _____ hrs. or _____ min.?		[Duration] _____ yrs. _____ mos. _____ da.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer 000</u> (b) General nature of industry, business, or establishment in which employed (or employer).			Contributory <u>Uremia</u> [SECONDARY] [Duration] _____ yrs. _____ mos. _____ da.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Signed <u>B. T. Cox</u> M. D. <u>Jan 10 1929</u> Address <u>Westport Tenn</u>	
PARENTS	10 NAME OF FATHER <u>Joshua Boyd</u>		* 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.	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>		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 _____	
	12 MAIDEN NAME OF MOTHER <u>Mantha Boyd</u>		19 PLACE OF BURIAL OR REMOVAL <u>Mount Comfort</u> DATE OF BURIAL <u>Jan 11 1929</u>	
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</u>		20 UNDERTAKER <u>R. H. Wilkey</u> ADDRESS _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
[Informant] <u>Jessie Boyd</u>				
[Address] _____				
15				
Filed <u>1/27 1929</u> <u>J. T. Moore</u> REGISTRAR				