

Size 8 1/2 x 7 1/4

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH				9854	
County <u>Carroll.</u>				Registration District No. <u>40912</u>				File No. _____	
Civil Dis. <u>12th.</u>				Primary Registration District No. <u>12</u>				Reg. No. <u>4</u>	
Village _____ or City _____				(No. _____, St.; _____ Ward)					
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.				(If death occurred in a hospital or institution, give its NAME instead of street and number)					
2. FULL NAME <u>Jap M. Mitchel.</u>				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.					
(a) Residence: No. _____ St. _____ Ward _____				(Usual place of abode)				(If nonresident give city or town and State)	
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 (write the word) <u>married.</u>		21. DATE OF DEATH (month, day, and year) <u>May 20, 1931</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Zoada Hiding.</u>		6. DATE OF BIRTH (month, day, and year) <u>Sept., 22 - 1865</u>		7. AGE Years <u>65</u> Months <u>7</u> Days <u>28</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>May 16</u> <u>1931</u> to <u>May 20</u> , 19____.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer. VV VV</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month, day, year) <u>May 16, 1931</u>		11. Total time (years) spent in this occupation <u>Life.</u>		I last saw <u>him</u> alive on <u>May 19</u> , 19 <u>31</u> , death is said to have occurred on the date stated above, at <u>12N.</u> m.	
12. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u>		13. NAME <u>Kerney Mitchell.</u>		14. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u>		15. MAIDEN NAME <u>Betsy</u>		16. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u>	
17. INFORMANT (Address) <u>Elbert McKinney.</u> <u>Huntingdon.</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>McAuley Cem.</u> Date <u>May 21, 1931.</u>		19. UNDERTAKER (Address) <u>Dilday & Son.</u> <u>Huntingdon.</u>		20. FILED <u>May 21, 1931</u> <u>J. L. Laycock</u> Registrar.		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		If so, specify _____ (Signed) <u>Roy A. Douglas</u> M. D. (Address) <u>Huntingdon</u>		The principal cause of death and related causes of importance in order of onset were as follows: <u>Prof Perforated Duodenal Ulcer</u>		Contributory causes of importance not related to principal cause: <u>Perforated</u>		Date of onset <u>May 16</u>	