Size 6½ x 7¾

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.

Form V. S. No. 4

# STATE OF TENNESSEE
## STATE DEPARTMENT OF HEALTH
## Division of Vital Statistics
## CERTIFICATE OF DEATH

24441

File No. 6

Reg. No. .....

1. PLACE OF DEATH

County Carroll 09-17

Civil Dis. 17th 09-17

or Village .....

or City .....

Registration District No. 99

Primary Registration District No. 17

(No. ....., ..... St.; ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Boyd 300

(a) Residence: No. ..... St., ..... Ward.

(Usual place of abode) (If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence McMackins

6. DATE OF BIRTH (month, day, and year): April 9 - 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: On farm.

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Tenn.

FATHER

13. NAME: Elisha Boyd

14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT (Address): Elvin Boyd Bruceton Tenn

18. BURIAL, CREMATION, OR REMOVAL Place: Profit Cem Date: 11-6- 1934

19. UNDERTAKER (Address): R F Dilday & Son Huntingdon Tenn.

20. FILED Nov 12, 1934 Amy L. Madden Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11-6 - 1934.

22. I HEREBY CERTIFY, That I attended deceased from 11-6-1934, 1934, to Nov. 6, 1934.

I last saw him alive on Nov. 6, 1934, death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 11-6-34 |
| Jaundice | |

Contributory causes of importance not related to principal cause: 94A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. E. Meadows M. D.

(Address) Bruceton Tenn