

SEE REGULATIONS
ON THE BACK

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE.
GIVE FULL NAME OF DECEASED CORRECTLY SPOELLED. AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH COUNTY OF <u>Carroll</u> CIVIL DISTRICT <u>17th</u> CITY (OR TOWN) <u>Manfield, Tenn.</u> ADDRESS OF PLACE OF DEATH <u>Manfield, Tenn.</u> (If death occurred in a hospital or institution, give NAME, not street and number) Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days			CERTIFICATE OF DEATH STATE OF TENNESSEE DEPT. OF PUBLIC HEALTH DIVISION OF VITAL STATISTICS	
2. FULL NAME <u>John Edward Edwards</u> (A) RESIDENCE _____ (Usual place of abode—If non-resident of place of death, give town and State)			STATE FILE NUMBER <u>57 4436</u>	
3. SEX <u>Male</u> 4. RACE OR COLOR <u>White</u> 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? <u>Married</u> (write the word)			21. DATE OF DEATH <u>March</u> <u>21</u> 19 <u>39</u> month day year	
5A. HUSBAND OR WIFE } OF <u>Corp Taylor Edwards</u>			22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM <u>3-17-1939</u> TO <u>3-21-1939</u> I LAST SAW HIM ALIVE ON <u>3-21-1939</u> DEATH IS SAID TO HAVE OCCURRED ON DATE STATED ABOVE, AT <u>5 P. M.</u> THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:	
6. DATE OF BIRTH month <u>June</u> day <u>14</u> year <u>1862</u>			DATE OF ONSET	
7. AGE yrs. <u>76</u> mos. <u>9</u> days <u>7</u> hrs. _____ mins. IF LESS THAN ONE DAY			<u>Hemorrhage of the brain</u> <u>3-17-39</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>			CONTRIBUTORY CAUSES OF IMPORTANCE <u>82A</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			NAME OF OPERATION _____ DATE _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			WHAT LAB. TEST CONFIRMED DIAGNOSIS? _____ AUTOPSY? _____	
12. BIRTHPLACE (city or town) <u>Tennessee</u> (State or country)			23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA: ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____ 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 _____	
FATHER 13. NAME <u>Sanford Edwards</u>			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION? <u>no</u> IF SO, SPECIFY _____	
14. BIRTHPLACE (city or town) <u>Tennessee</u> (State or country)			(SIGNED) <u>L. L. Rummey</u> M. D. (ADDRESS) <u>Hallow Road</u> <u>Tenn</u>	
MOTHER 15. MAIDEN NAME <u>Adeline Dickson</u>				
16. BIRTHPLACE (city or town) <u>Tennessee</u> (State or country)				
17. INFORMANT <u>J. F. Edwards</u> (ADDRESS) <u>Yuma, Tenn.</u> (Signature)				
18. BURIAL, CREMATION OR REMOVAL DATE <u>March 22, 1939</u> CEMETERY <u>New Hope</u> PLACE <u>Yale, Tennessee</u>				
19. UNDERTAKER <u>Breenton Funeral Home</u> (Firm name) ADDRESS <u>Breenton, Tenn.</u> BY <u>W. E. Browner</u>				
20. FILED <u>Apr. 7</u> 19 <u>39</u> <u>Mr. Elizabeth Bunch</u> Registrar				