

Dr. Grover Conyers  
Halls, Tenn.

MARGIN RESERVED FOR BINDING

Form V. S. No. 4

Size 8 1/2 x 7 1/4

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<br>STATE DEPARTMENT OF HEALTH<br>Division of Vital Statistics<br>CERTIFICATE OF DEATH   |  |  |  |
|--|--|----------------------------------|--|--|--|--|--|
| County <u>Crockett</u> <i>1713</i>   |  |                                  |  | File No. <u>4620</u>   |  |  |  |
| Civil Dis. <u>No. 13</u>   |  |                                  |  | Registration District No. <u>176</u>   |  |  |  |
| or<br>Village <u>1713</u>  |  |                                  |  | Primary Registration District No. <u>13</u>  |  |  |  |
| City <u>(No. )</u> St. <u>Ward</u>   |  |                                  |  | Reg. No. <u>2</u>  |  |  |  |
| (If death occurred in a hospital or institution, give its NAME instead of street and number)                 |  |                                  |  | If a War Veteran, fill out blank below.  |  |  |  |
| Length of residence in city or town where death occurred <u> yrs. mos. ds.</u>                               |  |                                  |  | (Give War and Military Organization)   |  |  |  |
| 2. FULL NAME <u>John Thomas Heath</u>  |  |                                  |  | (a) Residence: No. <u>St. Ward.</u>  |  |  |  |
| (Usual place of abode)   |  |                                  |  | (If nonresident give city or town and State)   |  |  |  |
| PERSONAL AND STATISTICAL PARTICULARS   |  |                                  |  | MEDICAL CERTIFICATE OF DEATH   |  |  |  |
| 3. SEX<br><b>Male</b>  |  | 4. COLOR OR RACE<br><b>White</b> |  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write D. word)<br><b>Widowed</b>   |  |  |  |
| 6a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of<br><b>Margrett Beard</b>                  |  |                                  |  | 21. DATE OF DEATH (month, day, and year) <b>Feb. 4th 1938</b>  |  |  |  |
| 6. DATE OF BIRTH (month, day, and year) <b>1888</b>  |  |                                  |  | 22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 3</u> 19 <u>38</u>   |  |  |  |
| 7. AGE<br><b>80</b>  |  |                                  |  | 19. <u>38</u> to <u>February 4</u> 19 <u>38</u>  |  |  |  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><b>Farmer</b> |  |                                  |  | I last saw him <u>alive on Feb 4</u> 19 <u>38</u> death is said to have occurred on the date stated above, at <u>_____</u> m.  |  |  |  |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                           |  |                                  |  | The principal cause of death and related causes of importance in order of onset were as follows:<br><b>Cerebral hemorrhage Feb 2, 1938.</b>  |  |  |  |
| 10. Date deceased last worked at this occupation (month and year)  |  |                                  |  | 11. Total time (years) spent in this occupation.   |  |  |  |
| 12. BIRTHPLACE (city or town) (State or country)<br><b>Tenn.</b>   |  |                                  |  | 23. If death was due to external causes (violence) fill in also the following:<br>Accident, suicide, or homicide? <u>_____</u> Date of <u>_____</u> 19 <u>_____</u><br>Where did injury occur? <u>_____</u> (Specify city or town, county, and State)<br>Specify whether injury occurred in industry, in home, or in public place. |  |  |  |
| How long in U. S. if of foreign birth? <u> yrs. mos. ds.</u>   |  |                                  |  | Name of operation <u>none</u> Date of <u>_____</u>   |  |  |  |
| 13. NAME <b>Dont Know</b>  |  |                                  |  | What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No.</u>  |  |  |  |
| 14. BIRTHPLACE (city or town) (State or country)<br><b>Dont Know</b>   |  |                                  |  | 24. Was disease or injury in any way related to occupation of deceased? <u>no</u>  |  |  |  |
| 15. MAIDEN NAME <b>Dont Know</b>   |  |                                  |  | If so, specify: <u>J. C. Conyers.</u> (Signed) <u>Halls, Tenn.</u> (Address)   |  |  |  |
| 16. BIRTHPLACE (city or town) (State or country)<br><b>Dont Know</b>   |  |                                  |  | Manner of injury <u>_____</u>  |  |  |  |
| 17. INFORMANT <b>J. M. Baker</b><br>(Address) <b>Route 2 Friendship, Tenn.</b>                               |  |                                  |  | Nature of injury <u>_____</u>  |  |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <b>Archers Cem.</b> Date <b>2-5-38</b> 19 <u>_____</u>            |  |                                  |  | 24. Was disease or injury in any way related to occupation of deceased? <u>no</u>  |  |  |  |
| 19. UNDERTAKER <b>Roy B. Sudbury</b><br>(Address) <b>Friendship, Tenn.</b>                                   |  |                                  |  | Manner of injury <u>_____</u>  |  |  |  |
| 20. FILED <u>Apr. 10 1938</u> <u>J. Taylor</u><br>(Address) <u>Halls, Tenn.</u><br>Registrar.                |  |                                  |  | Nature of injury <u>_____</u>  |  |  |  |