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

7421

1. PLACE OF DEATH

County Carroll.

Civil Dis. 16th.

or Village

or City (No. , St.; Ward)

Registration District No. 40916 File No. 2

Primary Registration District No. 16 Reg. No. 336

(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 Sarah Boyd.

(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)
Female.	White.	Married.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rev. T.M.Boyd.

6. DATE OF BIRTH (month, day, and year): May 4.1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	28	

OCCUPATION

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

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 and year):

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

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

FATHER

13. NAME: William F.Patterson.

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

MOTHER

15. MAIDEN NAME: Delilah Gregg.

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

17. INFORMANT: T.M.Boyd

(Address): Bruceton.

18. BURIAL, CREMATION, OR REMOVAL — Place: Prospect Cem. Date: April 3. 1931

19. UNDERTAKER: Dilday & Son.

(Address): Huntingdon.

20. FILED May 11, 1931 L.C.Swatham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 2. 1931

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to April 2 -, 1931

I last saw h.r alive on April 1st, 1931, death is said to have occurred on the date stated above, at 4 A. m.

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

	Date of onset
Acute Ascending Paralysis,	
Contributory causes of importance not related to principal cause:	73

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) G. P. Hall M. D.

(Address) Bruceton Tenn.

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. Size 8½ x 7¼