Size 8½ 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

1. PLACE OF DEATH

County Tipton 8501

Civil Dis. 1

or Village Leigh Chapple

or City ..... (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.

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

13907

File No. .....

Reg. No. 32

If a War Veteran, fill out blank below.

Registration District No. 857

Primary Registration District No. 8501

2. FULL NAME Walter J. Daird

(Give War and Military Organization)

(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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mar 24

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	75	1	24	

OCCUPATION

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

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) Tipton Co

How long in U. S. if of foreign birth ..... yrs. ..... mos. ..... ds.

FATHER

13. NAME Unknown

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)

18. BURIAL, CREMATION, OR REMOVAL Place Leighchapple Date May 15 1936

19. UNDERTAKER Mabry Funeral Home
(Address) Covington Tenn

20. FILED June 9 1936 Mrs J. O'Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 1936 to May 12 1936

I last saw h.. alive on May 12 1936, death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Endocarditis	
Hypertension	
Contributory causes of importance not related to principal cause: Chronic Arthritis	92 B

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) H. G. ..... M. D.

(Address) Covington Tenn