

N. B.—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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

34

1 PLACE OF DEATH
 County Beiton Co
 Civil Dist. 4
 Village _____
 City _____ (No. _____, St.; _____ Ward)

Registration District No. _____
 Primary Registration District No. _____

File No. 2
 Registered No. 10304

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

2 FULL NAME Pinkney Highly Melton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 7 10, 1841
(Month) (Day) (Year)

7 AGE 75 8 5
..... yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn.

PARENTS
10 NAME OF FATHER Jessie Melton
11 BIRTHPLACE OF FATHER (State or country) N.C.
12 MAIDEN NAME OF MOTHER Celie Messer
13 BIRTHPLACE OF MOTHER (State or country) N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) N. B. Melton
 (Address) Buena Vista Tenn

15 Filed 3-16, 1917 J. J. Smothers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 16, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Feb 28, 1917,
 that I last saw him alive on Feb 28, 1917,
 and that death occurred, on the date stated above, at 7:50 A.M.
The CAUSE OF DEATH * was as follows:

75a
Paralysis
 (Duration) 2 yrs. 11 ds.

Contributory (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) L. J. Murphy M.D.
 _____, 1917 (Address) Buena Vista

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Pleasant Hill | **DATE OF BURIAL** 3/17, 1917

20 UNDERTAKER Butler and Bowers | **ADDRESS** Buena Vista Tenn