

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 SPELLLED. AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104

1. PLACE OF DEATH
COUNTY OF Carroll 0918
CIVIL DISTRICT 18th 0918
CITY (OR TOWN) Buena Vista
ADDRESS OF PLACE OF DEATH D.F. 19 # 1
(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
2. FULL NAME Jacquette Harwood Harwood
(A) RESIDENCE Buena Vista # 1
(Usual place of abode—If non-resident of place of death, give town and State)

CERTIFICATE OF DEATH
STATE OF TENNESSEE
DEPT. OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NUMBER
16520
REG. No. 27
REG. DIST. No. 92
PRIM. REG. DIST. No. 40918
To be inserted by Registrar
If war veteran, give war and military organization.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX F
4. RACE OR COLOR W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED? Widowed
5A. HUSBAND } OF H.H. Harwood
OR WIFE }
6. DATE OF BIRTH month 1 day 30 year 1875
7. AGE 63 yrs. 4 mos. 28 days 28 hrs. mins.
IF LESS THAN ONE DAY
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. at Home
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

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH 6 28 19 38
month day year
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 6 1938 to May 28 1938
I LAST SAW HIM ALIVE ON 19 DEATH IS SAID
TO HAVE OCCURRED ON DATE STATED ABOVE, AT 5:27 P. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:
Pulmonary T.B.
DATE OF ONSET
23

12. BIRTHPLACE (city or town) Tenn
(State or country)
13. NAME H.J. Boyd
14. BIRTHPLACE (city or town) Tenn
(State or country)
15. MAIDEN NAME America Robison
16. BIRTHPLACE (city or town) Tenn
(State or country)
17. INFORMANT Robie Harwood
(ADDRESS) Buena Vista (Signature)
18. BURIAL, CREMATION OR REMOVAL DATE 6-29-38
CEMETERY Butler PLACE
19. UNDERTAKER Smith F. Home
(Firm name)
ADDRESS Jackson BY
20. FILED Sept 9 19 38 Mrs. Elizabeth Branch
Registrar

CONTRIBUTORY CAUSES OF IMPORTANCE
NAME OF OPERATION DATE
WHAT LAB. TEST CONFIRMED DIAGNOSIS? AUTOPSY?
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
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION?
IF SO, SPECIFY
(SIGNED) L.D. Murphy M. D.
(ADDRESS) Buena Vista