Form E. & S. 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.

MARGIN RESERVED FOR BINDING

Blue Pub. 1-170

1. PLACE OF DEATH 9407 Dr. Gaines

County White Co.

Civil Dis. 7th. 1407

or Village Sparta R#7

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.

2. FULL NAME Felix Grundy Howard

(a) Residence: No. ..... St. ..... Ward.

(Usual place of abode)

STATE OF TENNESSEE

STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

11722

File No. .....

Registration District No. 49407

Primary Registration District No. 49407

Reg. No. 7

If a War Veteran, fill out blank below.

(Give War and Military Organization)

(If institution give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah Margaret Price

7. DATE OF BIRTH (month, day, and year): Oct. 8, 1853

8. AGE: Years 85 Months 5 Days 8 If under one day, ... hrs. or ..... min.

OCCUPATION

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

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

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

12. BIRTHPLACE (city or town) (State or country): White Co.

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

FATHER

13. NAME: Jackie Howard

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

MOTHER

15. MAIDEN NAME: Yarbrough Howard

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

17. INFORMANT (Address): Garland Howard, Sparta, Tenn. R#7

18. BURIAL, CREMATION, OR REMOVAL: Howard Cem. Date Mar. 17, 1939

19. UNDERTAKER (Address): Tom Goff Funeral Home, Sparta, Tennessee

20. FILED: ..... 19..... J. C. Howell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 16, '39, 19..

22. I HEREBY CERTIFY, that I attended deceased from Mar 15 19 39 to Mar 15 19 39 I last saw him alive on Mar 15 19 39. Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Mental Wandering Senile Dementia	
Old Age	
	92 A

Contributory causes of importance not related to principal cause:

Name of operation: ..... Type of .....

What (not) 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? ..... (Give 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? No

If so, specify: .....

(Signed) L. E. Gaines M. D.

(Address) .....