

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Photo No.: 2006-9075

Source of Data: Tennessee State Archives, Certificate # 243

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
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.

1 PLACE OF DEATH
County Greene
Civil Dist. 12
Village Garland
City (No.) St. (No.) Ward (No.)

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH
File No. 243

2 FULL NAME D. E. Harris

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 15 1934
(Month) (Day) (Year)

7 AGE 85 yrs. 9 mos. 4 ds. or 1 day, hrs. or min.?

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

9 BIRTHPLACE Tenn.
(State or country)

10 NAME OF FATHER Daniel Harris

11 BIRTHPLACE OF FATHER Middle Tenn.
(State or country)

12 MAIDEN NAME OF MOTHER Mrs. Hartsfield

13 BIRTHPLACE OF MOTHER Tenn.
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 30 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 20 1911 to Oct 30 1911,
that I last saw her alive on Oct 30 1911,
and that death occurred, on the date stated above, at 5 A. M.
The CAUSE OF DEATH was as follows:
Apoplexy
[Duration] yrs. mos. ds.
Contributory General Debility
[Duration] yrs. mos. ds.
Signed H. P. Hollockway M. D.
Oct 31 1911 Address Cumpton

* 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Shilo Cemetery DATE OF BURIAL 10-31-1911

20 UNDERTAKER L. J. Ockford ADDRESS Cumpton

Filed 10/30/11 by J. P. O'Connell REGISTRAR

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