

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 Benton
 Civil Dist. 4th
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

15815

Registration District No. 40304
 Primary Registration District No. _____

File No. _____
 Registered No. 13

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

2 FULL NAME Piley Hedges

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 1 1872
 (Month) (Day) (Year)

7 AGE 54 yrs. 1 mon. 24 ds. If LESS than 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 (State or country) Tenn

PARENTS

10 NAME OF FATHER Ben Hedges

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Martha Beville

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] T. J. Smathers
 [Address] Candlen Tenn

15 Filed July 26 1926 B. H. Hammond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 25 1926
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 15 1925 to July 25 1926, that I last saw him alive on July 24 1926 and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH* was as follows: 75a

Paralysis Hemiplegia
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. T. Bray, M. D.
 1926 Address Candlen Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 Plasent Hill DATE OF BURIAL July 26 1926

20 UNDERTAKER H. E. Brinson ADDRESS Candlen Tenn