

## 1. PLACE OF DEATH

County of Greenville.Township of Greenville.or  
City of Greenville, S.C.Residence Greer, S.C.  
(If not same) R.F.D. # 1.

## Standard Certificate of Death

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 22 A( Greenville Gen. Hospital )

File No.—For State Registrar Only

Registered No. 203(For use of Local Registrar.)  
(If death occurred in a Hospital or institution give its NAME instead of street and number.)

## 2. FULL NAME

James Almond Yeargin.Residence—  
In City..... Yrs..... Mos..... Days

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.6. If married, widowed, or divorced  
HUSBAND of Noette Hawkins.  
(or) WIFE of?7. DATE OF BIRTH (Month, day, and year) Oct/16th/1901.8. AGE Years Months Days If less than 1 day.....hrs. or.....min.  
35 6 22.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. & Ret.  
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Base Ball Player.11. Date deceased last worked at this occupation 1937 month and year) 11. Total time (years) spent in this Life. occupation12. BIRTHPLACE (city or town) S.C.  
(State or country)13. NAME Issiah B. Yeargin.14. BIRTHPLACE (city or town) S.C.  
(State or country)15. MAIDEN NAME Anna King.16. BIRTHPLACE (city or town) S.C.  
(State or country)17. INFORMANT Mrs J.A. Yeargin.  
(Address) Greer, S.C. R # 1.18. BURIAL, CREMATION, OR REMOVAL Cross Roads Church. Date May 19/1937.19. UNDERTAKER The Wood Mortuary Inc.  
(Address) Greer, S.C.20. FILED 5-19 19 37 L. B. ...  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May/8th/1937.22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937, to May 8, 1937I last saw him alive on May 8, 1937, death is said to have occurred on the date stated above, at 7.05—m. A.M.  
The principal cause of death and related causes of importance in order of onset were as follows:General Peritonitis

Contributory causes of importance not related to principal cause:

Ruptured spleen  
of blood about  
a week before death.Name of operation none Date of ye  
What test confirmed diagnosis hsp. Was there an autopsy? ye23. 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?.....  
(Specify city or town, 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?.....

If so, specify.....

(Signed) Chas. ... M. D.(Address) ...