

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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 Jackson
 Civil Dist. 6 P 9
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 442 File No. 239
 Primary Registration District No. _____ Registered No. 4
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Olen Gascoal Spivey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S</u> <small>Write the word</small>
6 DATE OF BIRTH <u>June 17, 1912</u> <small>(Month) (Day) (Year)</small>		
7 AGE <u>4</u> yrs. <u>6</u> mos. <u>13</u> ds.		If LESS than 1 day, ---- hrs. or ---- min.?
8 OCCUPATION (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)		
PARENTS	10 NAME OF FATHER <u>George W. Spivey</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Gainesboro</u>	
	12 MAIDEN NAME OF MOTHER <u>Matilda James</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Gainesboro</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Feb 4, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1917, to Jan 30, 1917, that I last saw him alive on Jan 30, 1917, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows:
Pneumonia
10/2

Contributory _____
(SECONDARY)
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Rep. Gant, M. D.
Feb 5, 1917 (Address) Butters Bldg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. W. Spivey
 (Address) Gainesboro

15 Filed Feb 5, 1917 A. J. Charis
 REGISTRAR

* 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. 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 <u>Christian Church</u>	DATE OF BURIAL <u>Feb 6, 1917</u>
20 UNDERTAKER <u>Red Bluff</u>	ADDRESS <u>Gainesboro</u>