

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 Jackson  
Civil Dist. 12  
or Village Bloomington Springs  
or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412  
Primary Registration District No. 12

File No. 8  
Registered No. 8

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

2 FULL NAME Fred M Birdwell

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 20, 1876  
(Month) (Day) (Year)

7 AGE 40 yrs. 2 mos. 26 ds. If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION Farming  
(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) Jackson Co Tenn

10 NAME OF FATHER John H Birdwell

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Martha Kirby

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W M McLean MD  
Gambardo Tenn R # 3  
(Address)

15 Filed March 20, 1917 Geo B Billingsley REGISTRAR  
Gambardo Tenn R # 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 16, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1917, to Death, 1917, that I last saw him alive on March 16, 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH \* was as follows:  
Acute Ulcer of the Stomach  
14 hours (Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) ---- yrs. ---- mos. ---- ds.  
Chas Frankler & N M McLean, M. D. (Signed)  
March 20, 1917 Gambardo Tenn (Address)

\*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 Hot Cemetery DATE OF BURIAL March 18, 1917

20 UNDERTAKER T E Anderson ADDRESS Gambardo Tenn R # 3