

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.

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. #12 Registration District No. 44412 File No. 242
 or Village Cleming Primary Registration District No. 12 Registered No. 19
 or City _____ (No. _____ St.; _____ Ward)
 2 FULL NAME Dudley W. Got [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH Sept 7, 1884
 (Month) (Day) (Year)

7 AGE 33 yrs. 1 mos. 12 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) Jackson Co Tenn

PARENTS

10 NAME OF FATHER Merida G Got

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

12 MAIDEN NAME OF MOTHER A. M. G. Got

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) B. B. Got
Gainesboro Tenn R #3
 (Address)

15 Filed Oct 27, 1917 J. B. Billingsley REGISTRAR
Gainesboro Tenn R #3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 26, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1917, to Oct 26, 1917, that I last saw him alive on Oct 26, 1917, and that death occurred, on the date stated above, at P. M.
 The CAUSE OF DEATH* was as follows:
Typhoid Fever
 (Duration) _____ yrs. _____ mos. 12 ds.
 Contributory Malignant type
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) N. M. McLean, M. D.
Oct 27, 1917 (Address) Gainesboro Tenn R #3

*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 Got cemetery DATE OF BURIAL Oct 27, 1917

20 UNDERTAKER Forest Chaffin Gainesboro Tenn ADDRESS R #3