

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

13

## 1 PLACE OF DEATH

County JacksonCivil Dist. No. 8or  
Village \_\_\_\_\_or  
City \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

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

## 2 FULL NAME

William H. Tinsley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH Dec 16, 1855  
(Month) (Day) (Year)7 AGE 67 yrs. 1 mos. 10 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer & Stockman  
(b) General nature of industry, business, or establishment in which employed (or employer) 0069 BIRTHPLACE (State or country) Tinsley Bottom, Tenn.10 NAME OF FATHER Quas H. Tinsley11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Margarette Kierstead13 BIRTHPLACE OF MOTHER (State or country) Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. C. Gaud  
(Address) Gainesboro, Tenn.15 Filled 3/20, 1918 A. M. P. Gaud  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 26, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1918, to Jan 26, 1918, that I last saw him alive on Jan 26, 1918, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage -  
74a  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.Contributory (SECONDARY) Arterio Sclerosis  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.(Signed) Roscoe C. Gaud, M. D.  
Jan 26, 1918 (Address) Gainesboro, Tenn.

\*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 Tinsley Grand Ford DATE OF BURIAL Jan 27, 191820 UNDERTAKER Gaud ADDRESS \_\_\_\_\_WRITE IN BLUE INK, MARKING RESERVED FOR BINDING  
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.