

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. 609 Registration District No. 442 File No. 15  
 or  
 Village \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 1  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Herman Ches Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Yes  
Write the word

6 DATE OF BIRTH may 25, 1899  
(Month) (Day) (Year)

7 AGE 19 5 25 If LESS than  
hrs. 1 day, ----- hrs. or ----- min.?  
yrs. ----- mos. ----- ds.

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Farm work  
 (b) General nature of industry, business, or establishment in which employed (or employer) OIO

9 BIRTHPLACE (State or country) Gainesboro Tenn

PARENTS

10 NAME OF FATHER Willie Anderson

11 BIRTHPLACE OF FATHER (State or country) Gainesboro

12 MAIDEN NAME OF MOTHER Ann Rindler Grass

13 BIRTHPLACE OF MOTHER (State or country) Livingston Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) James Anderson  
 (Address) Gainesboro

15 Filed Jan 28, 1918 A. J. Pharris  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 27, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw him alive on January 24, 1918, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Primary cause measles  
Secondary cause cardiac  
asthenia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) R. C. Gant \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 191\_\_\_\_ (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 McCormick cemetery DATE OF BURIAL Jan 28, 1918

20 UNDERTAKER James Anderson ADDRESS Gainesboro