

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

21

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. X 4

Village \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44404

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

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

Registered No. 2

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

2 FULL NAME Hubert J. Hoskum

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH July 10, 1895  
(Month) (Day) (Year)7 AGE 22 yrs. 7 mos. 1 ds. If LESS than 1 day, ---- hrs. or ---- min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Former  
(b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Wm. P. Hoskum11 BIRTHPLACE OF FATHER (State or country) Ohio12 MAIDEN NAME OF MOTHER Addie Jenkins13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Frank Clark(Address) Haydenburg15 Filed Feb 11, 1918 Patt Clark  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 11, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1918, to Feb 6, 1918, that I last saw him alive on Feb 6, 1918, and that death occurred, on the date stated above, at 4 P.M.The CAUSE OF DEATH\* was as follows: Diabetes 57  
(Duration) ---- yrs. ---- mos. ---- ds.Contributory (SECONDARY) \_\_\_\_\_  
(Duration) ---- yrs. ---- mos. ---- ds.(Signed) Frank B. Clark, M. D.  
Feb 11, 1918 (Address) Haydenburg

\*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 Woods Grove Rd DATE OF BURIAL 2-12, 191820 UNDERTAKER Bon Will ADDRESS Willie Lee

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.