

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

29

1 PLACE OF DEATH

County JacksonCivil Dist. 649

Village _____

City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 442

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 Hannay Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Yes
(Write the word)6 DATE OF BIRTH October 11, 1877
(Month) (Day) (Year)7 AGE 40 yrs. 8 mos. 13 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work house work
(b) General nature of industry, business, or establishment in which employed (or employer) good9 BIRTHPLACE (State or country) Gainesboro10 NAME OF FATHER Abra Anderson11 BIRTHPLACE OF FATHER (State or country) Gainesboro12 MAIDEN NAME OF MOTHER Martha Terry13 BIRTHPLACE OF MOTHER (State or country) Gainesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wife Anderson(Address) Gainesboro Tenn15 Filed Feb 28, 1918 A. J. Pharris REGISTRAR

Form V.S. No. 4-100M. * PORTER & PARKER CO., NASHVILLE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 23, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from January 1, 1918, to Feb 22, 1918, that I last saw her alive on Feb 22, 1918, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. mos. ds.

(Signed) R. C. Galt, 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 Anderson cemetery DATE OF BURIAL Feb 24, 191820 UNDERTAKER Lesley Scott ADDRESS Gainesboro

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.