

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. 6 & 7
or
Village _____
or
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

30

Registration District No. 442
Primary Registration District No. _____

File No. _____
Registered No. 3

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

2 FULL NAME Charley J. Gottis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

6 DATE OF BIRTH January 24, 1918
(Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.

8 OCCUPATION
(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) Gainesboro

10 NAME OF FATHER John Gottis

11 BIRTHPLACE OF FATHER (State or country) Gainesboro

12 MAIDEN NAME OF MOTHER Amarica Ramsey

13 BIRTHPLACE OF MOTHER (State or country) Gainesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amarica Ramsey
(Address) Gainesboro

15 Filed January 27, 1918 A. J. Charis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 24, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: 5th No medical aid in allude
2018

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

Contributory _____ (SECONDARY) _____ (Duration) _____ mos. _____ ds.
(Signed) A. J. Charis Reg. M. D.
Gainesboro 191____

*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 Marion cemetery DATE OF BURIAL Feb 25, 1918

20 UNDERTAKER Charley Gottis ADDRESS Gainesboro