

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. no 70
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 444
Primary Registration District No. 10

File No. 16
Registered No. 16

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

2 FULL NAME George J. Stults

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April - 5 - 1890
(Month) (Day) (Year)

7 AGE 96 yrs. 11 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farming Miller
(b) General nature of industry, business, or establishment in which employed (or employer) Farming 000

9 BIRTHPLACE (State or country) Rhea Co. Tenn

10 NAME OF FATHER James Stults

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Hannie Davis

13 BIRTHPLACE OF MOTHER (State or country) N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Stults
(Address) Cookeville Tenn

15 Filed July 5 - 8 1918 J. H. Cummins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March - 13 - 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1918, to _____ 1918, that I last saw alive on _____ 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows:
in attendance
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) _____, M. D.
_____, 1918 (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 50 yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence Jackson Co. Tenn

19 PLACE OF BURIAL OR REMOVAL Jackson Co. DATE OF BURIAL _____, 1918

20 UNDERTAKER None in attendance ADDRESS _____