

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.

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 13
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 44413 File No. _____
 Primary Registration District No. 13 Registered No. _____

2 FULL NAME Newton Muddy Paisie

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 25, 1851
(Month) (Day) (Year)

7 AGE 66 yrs. 11 mos. 28 ds.
 If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION Farmer - 006
 (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) Tenn.

10 NAME OF FATHER Henry Spatswood Paisie

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Catherine Brown

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March - 23, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar - 17 1918, to March - 23, 1918, that I last saw him alive on March - 23, 1918, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:
Americ. Poison 129

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

(Signed) J. D. Daniels, M. D.
3-23, 1918 (Address) Whitelyville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jack - Paisie
 (Address) Whitelyville Tenn.

15 Filed 3-23, 1918 J. D. Daniels
 REGISTRAR

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 66 yrs. 11 mos. 28 ds. In the 66 yrs. 11 mos. 28 ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted; If not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Smith Fork Burial Place DATE OF BURIAL Mar. 24, 1918

20 UNDERTAKER None ADDRESS _____