

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

56

1 PLACE OF DEATH
County Jackson
Civil Dist. 11
or
Village _____
or
City _____ (No. _____, _____ St.; _____ Ward)Registration District No. XXXX/1

File No. _____

Primary Registration District No. 11Registered No. 10

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

2 FULL NAME Charles Wolf

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 4 25, 1918
(Month) (Day) (Year)7 AGE 32 yrs. 2 mos. 2 ds. IF LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work L. R. P. Worker
(b) General nature of industry, business, or establishment in which employed (or employer) 6409 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Geo. Wolf11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Martha Brewer13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Martha Brewer
(Address) Garrettsboro15 Filed 5/10, 1918 L. R. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 27, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 4/1 1918, to 4/27, 1918, that I last saw him alive on 4/27, 1918, and that death occurred, on the date stated above, at 5 A.M.The CAUSE OF DEATH* was as follows:
G. B. of Lung
said to be
(Duration) 2 yrs. mos. ds.Contributory (SECONDARY) _____
(Duration) _____ yrs. mos. ds.
(Signed) L. R. Anderson, M. D.
4/28, 1918 (Address) Garrettsboro

*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 Garrettsboro DATE OF BURIAL 4/28, 191820 UNDERTAKER Wm. Norton ADDRESS Garrettsboro

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.