

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

80

File No. 5

1 PLACE OF DEATH
County Jackson
Civil Dist. First
or
Village Lawrence
or
City _____ (No. _____, _____ St.; _____ Ward)Registration District No. 446Primary Registration District No. 44481

Registered No. _____

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

2 FULL NAME George Washington Hampton

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 Dec 6th, 1854
(Month) (Day) (Year)7 AGE 63 yrs. 6 mos. 23 ds. If LESS than 1 day, ---- hrs. or ---- min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Rural Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) 6669 BIRTHPLACE (State or country) Clay County10 NAME OF FATHER John Red Hampton11 BIRTHPLACE OF FATHER (State or country) Jackson County12 MAIDEN NAME OF MOTHER Sarah Hawkins13 BIRTHPLACE OF MOTHER (State or country) Jackson County14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mathew Hampton
(Address) Gainesboro16 Filed Aug 4, 1918 W. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 9, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1917, to July 9, 1918, that I last saw him alive on July 9, 1918, and that death occurred, on the date stated above, at 8 a.m.The CAUSE OF DEATH* was as follows:
Cerebral Nephritis

(Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) _____
(Duration) ---- yrs. ---- mos. ---- ds.(Signed) W. H. Little, M. D.
July 11, 1918 (Address) Lawrence

*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 Shippard Graveyard DATE OF BURIAL July 10, 191820 UNDERTAKER McDermann ADDRESS GainesboroMARGIN RESERVED FOR BINDING
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.