

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

114

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 15-or
Village _____or
City _____Registration District No. 44408

Primary Registration District No. _____

(No. _____ St.; _____ Ward)

File No. 3

Registered No. _____

[If death occurred in a
hospital or institution,
give its NAME instead
of street and number.]2 FULL NAME B. S. Spivey

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 Dec 25, 1856
(Month) (Day) (Year)7 AGE 62 yrs. 9 mos. 6 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) General farm work9 BIRTHPLACE (State or country) Jackson Co, Tenn10 NAME OF FATHER Henry Farmer Spivey11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Elizabeth Spearman13 BIRTHPLACE OF MOTHER (State or country) Jackson Co, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sittie Landcaster(Address) Garrettsboro Tenn15 Filed Nov 10, 1918 David Hall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 6, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1918, to Oct 6, 1918, that I last saw him alive on Oct 6, 1918, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH * was as follows:

Delirium Tremens10a

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

Contributory (SECONDARY) Delirium Tremens

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

(Signed) Rose [Signature] M. D.Nov 9, 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 Spivey CemeteryDATE OF BURIAL Oct 8, 191820 UNDERTAKER J. H. JacksonADDRESS 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.

PAPER RESERVED FOR BINDING.