

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

124

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. firstVillage Gainesboro

City \_\_\_\_\_

Registration District No. 441Primary Registration District No. 24401

Registered No. \_\_\_\_\_

File No. 14

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

## 2 FULL NAME

Ralph Metherton

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH Dec 9, 1911  
(Month) (Day) (Year)7 AGE 7 If LESS than 1 day, ---- hrs. or ---- min.?  
----- yrs. ----- mos. ----- ds.8 OCCUPATION  
(a) Trade, profession, or particular kind of work School Boy  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Jackson co10 NAME OF FATHER Jim Metherton11 BIRTHPLACE OF FATHER (State or country) Jackson co12 MAIDEN NAME OF MOTHER Mary Stopped13 BIRTHPLACE OF MOTHER (State or country) Jackson co

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jim Metherton(Address) Gainesboro15 Filed Oct 19, 1918 W.A. Settle  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 16, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1918, to Oct 16, 1918,that I last saw him alive on Oct 16, 1918,and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH\* was as follows:

Pneumonia  
Complicating Influenza(Duration) 1 yrs. 10 mos. 10 ds.

Contributory (SECONDARY) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W.A. Settle, M. D.\_\_\_\_\_, 1918 (Address) Gainesboro Tenn

\*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 Rich Grove yard DATE OF BURIAL Oct 17, 191820 UNDERTAKER McDermott 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.