

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

137

## 1 PLACE OF DEATH

County Jackson CoCivil Dist. N 7or Village Bloomington

or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 44407Primary Registration District No. 44407File No. 1Registered No. 2(If death occurred  
hospital or institution,  
give its NAME, initials,  
of street and number.)2 FULL NAME: Hubert B. Sadler

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE laborer 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH Oct 23, 1918  
(Month) (Day) (Year)7 AGE 13 yrs. 3 mos. 3 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Farm OID  
(b) General nature of industry, business, or establishment in which employed (or employer). Farm labor9 BIRTHPLACE (State or country) Putnam Co10 NAME OF FATHER Wale Sadler11 BIRTHPLACE OF FATHER (State or country) Putnam Co12 MAIDEN NAME OF MOTHER Cherris Montgomery13 BIRTHPLACE OF MOTHER (State or country) Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cherris Sadler(Address) Bloomington, Tenn15 Filed Nov 9, 1918 Emma Wheeler

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 26, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 21 1918, to Oct 24, 1918, that I last saw him alive on Oct 24, 1918, and that death occurred, on the date stated above, at 8 p.m.The CAUSE OF DEATH\* was as follows: 116Spanish Influenza

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

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

(Signed) J Mac Wheeler, M. D.  
(Address) Bloomington, 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 Sadler Grove DATE OF BURIAL Oct 26, 191820 UNDERTAKER Gen McHenry ADDRESS BloomingtonMARGIN 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.