

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.

1 PLACE OF DEATH

County Franklin
 Civil Dist. 609
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

481 151

Registration District No. 442
 Primary Registration District No. _____

File No. _____
 Registered No. 19

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

2 FULL NAME Allie Gander Mayfield Husband

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, yes WIDOWED, OR DIVORCED
Write the word

6 DATE OF BIRTH January 3, 1937
(Month) (Day) (Year)

7 AGE 81 10 2 If LESS than 1 day, _____ hrs. or _____ min.?
— yrs. — mos. — ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work... 6 add Attorness maker
 (b) General nature of industry, business, or establishment in which employed (or employer) 468

9 BIRTHPLACE (State or country) Gaines board

10 NAME OF FATHER Abraham Husband

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER Elizabeth Pennington

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. H. Horton
 (Address) Gaines board

15 Filed Nov 5, 1918 D. J. Pharris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 5, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

no medical aid in attendance
cause unknown
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) D. J. Pharris, M. D.
Dec 9, 1918 (Address) Gaines board

*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 Reek cemetery DATE OF BURIAL Nov 4, 1918
 20 UNDERTAKER D. J. Reek ADDRESS Gaines board