

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 154-16

Registered No. _____

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

1 PLACE OF DEATH

County JacksonCivil Dist. 1stVillage or Clarksboro

City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 441Primary Registration District No. 244812 FULL NAME Nancy Hannah Gaines

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)6 DATE OF BIRTH Jan 29, 1896
(Month) (Day) (Year)7 AGE 86 yrs. mos. ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Clay County10 NAME OF FATHER Alf Keith11 BIRTHPLACE OF FATHER (State or country) Clay Co12 MAIDEN NAME OF MOTHER Mary McEads13 BIRTHPLACE OF MOTHER (State or country) Clay Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. Gaines(Address) Clarksboro15 Filed Jan 29, 1918 Mrs W. H. Little

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 7, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 19 1918, to Nov 7, 1918, that I last saw him alive on Nov 7, 1918, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Brainemia yellowing
inflammation
Ha

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

Contributory (SECONDARY) _____

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

(Signed) S. O. Fowler, M. D......, 1918 (Address) Clarksboro

*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 deathyrs.....mos.....ds. In the Stateyrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Clarksboro DATE OF BURIAL Nov 8, 191820 UNDERTAKER McDorman & Staff ADDRESS ClarksboroMARGIN 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.