

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

179

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Madison
Civil Dist. first
or
Village Gainesboro
or
City _____ (No. _____, _____ St.; _____ Ward)Registration District No. 441File No. 17Primary Registration District No. 44401

Registered No. _____

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

2 FULL NAME James Washburne

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married6 DATE OF BIRTH Sept 12, 1890
(Month) (Day) (Year)7 AGE 27
If LESS than 1 day, ---- hrs. or ---- min.?
----- yrs. ----- mos. ----- ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 7869 BIRTHPLACE (State or country) Gainesboro10 NAME OF FATHER Loufalth Washburne11 BIRTHPLACE OF FATHER (State or country) Smith County Tenn12 MAIDEN NAME OF MOTHER Lucetta Adams13 BIRTHPLACE OF MOTHER (State or country) Ladson Co Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Ms Lucetta Washburne
(Informant)
Gainesboro
(Address)15 Filed Jan 8, 1919 Ms. Matt. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 6, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1918, to Dec 6, 1918, that I last saw him alive on Dec 6, 1918, and that death occurred, on the date stated above, at 2 am.

The CAUSE OF DEATH* was as follows:

 Pneumonia following
Lung AbscessContributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. L. Semler, M. D.
_____, 191____ (Address)

*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 Deans Seminary DATE OF BURIAL Dec 17, 191820 UNDERTAKER McJannet ADDRESS Gainesboro

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.