

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

183

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 1st
or R.F.D. no 1
Village Ginsborough Tenn
or Ginsborough Tenn (No. _____, _____ St.; _____ Ward)Registration District No. 46
Primary Registration District No. 2440File No. 5

Registered No. _____

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

2 FULL NAME Daniel Elmer Polson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE American 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED x married
(Write the word)6 DATE OF BIRTH Dec 22, 1918
(Month) (Day) (Year)7 AGE 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Home Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Kentland Co. Ind10 NAME OF FATHER Perry Polson11 BIRTHPLACE OF FATHER (State or country) Don't know12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filled Mar 6, 1919 by Mr. D. H. Smith

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 22, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1918, to Dec 22, 1918, that I last saw him alive on Dec 22, 1918, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Influenza & Pneumonia
11 a

Contributory (SECONDARY) _____

(Duration) _____ yrs. mos. ds.

(Signed) Chas E. Reeves, M. D._____, 191____ (Address) Ginsborough 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 Home State 1st Dist Jackson DATE OF BURIAL Dec 24, 191820 UNDERTAKER McComan & Clifford ADDRESS Tomie Co. TennMARGIN 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.