

MARGIN 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.

| | | | |
|---|--|---|---|
| 1 PLACE OF DEATH | | STATE OF TENNESSEE 151 | |
| County <u>Jackson</u> | | STATE BOARD OF HEALTH Bureau of Vital Statistics | |
| Civil Dist. <u>8</u> | | CERTIFICATE OF DEATH | |
| OR Village | | Registration District No. <u>44,410</u> | File No. <u>1</u> |
| OR City | | Primary Registration District No. | Registered No. |
| | | (No. St.; Ward) | [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| 2 FULL NAME <u>Arbes Birdwell</u> | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> (Write the word) | |
| 6 DATE OF BIRTH <u>Apr. 16, 1892</u> (Month) (Day) (Year) | | 16 DATE OF DEATH <u>Jan. 24, 1920</u> (Month) (Day) (Year) | |
| 7 AGE <u>27 yrs. 9 mos. 3 ds.</u> | If LESS than 1 day.....hrs. or.....min.? | | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) | | | |
| 9 BIRTHPLACE (State or country) <u>Gainesboro Tenn.</u> | | | |
| PARENTS | 10 NAME OF FATHER <u>Albert Birdwell</u> | | |
| | 11 BIRTHPLACE OF FATHER [State or country] <u>Missouri</u> | | |
| | 12 MAIDEN NAME OF MOTHER <u>Maryann Wheeler</u> | | |
| 13 BIRTHPLACE OF MOTHER [State or country] <u>Tennessee</u> | | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | |
| [Informant] <u>Albert Birdwell</u> | | | |
| [Address] <u>Gainesboro Tenn.</u> | | | |
| 15 Filed <u>Feb. 1, 1920</u> <u>Mrs. J. M. Casan</u> REGISTRAR | | 16 CONTRIBUTORY [SECONDARY] <u>X Mrs. J. M. Casan, M. D.</u> Signed <u>Mar. 10, 1920</u> Address <u>Gainesboro</u> | |
| 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: <u>Drowned by accident</u> | |
| * 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 <u>Spivey Cemetery</u> | | DATE OF BURIAL <u>Jan. 31, 1920</u> | |
| 20 UNDERTAKER <u>Oscar Martin</u> | | ADDRESS <u>Glasgow Ky.</u> | |