

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.

STATE OF TENNESSEE 173

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 4th Registration District No. 44404 File No. 2
or
Village _____ Registration District No. _____ Registered No. 2
or
City _____ (No. _____, _____ St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Alford Edmund Hancock

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
Write the word

6 DATE OF BIRTH Oct-20, 1861
(Month) (Day) (Year)

7 AGE 58 yrs. 4 mos. 17 ds. if LESS than 1 day, ---hrs. or ---min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Framing

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Edmond B. Hancock

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mary Jane Dodson

13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Dyers
(Address) Haydenburg

15 Filed Mar 9, 1920 Tell Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 19, 1919-2-8, 1920, that I last saw him live on Jan 20, 1920, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis 129

Contributory apoplexy
(Duration) 4 yrs. _____ mos. _____ ds.

(Signed) R. B. Clark M. D.
Mar 9, 1920 (Address) Haydenburg

*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 Haydenburg DATE OF BURIAL Mar 9, 1920

20 UNDERTAKER Sam Wilt ADDRESS Willette