

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

County Jackson
 Civil Dist. 12
 or Village Cherry
 or City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 8
 Registered No. 8

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

2 FULL NAME Elbert Leland Anderson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 12, 1919
(Month) (Day) (Year)

7 AGE one 6 14 If LESS than 1 day, _____ hrs. or _____ min.?
----- yrs. ----- mos. ----- ds.

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) Jackson Co Tenn

10 NAME OF FATHER J B Anderson

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Lola B. Loftis

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bob Anderson
Gard Bar Tenn R # 3
(Address)

15 Filed March 25, 1920 Jno. B. Billingsley
Gard Bar Tenn R # 3 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 26, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1920, to March 25, 1920, that I last saw him alive on March 25, 1920, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:
Influenza followed by
Pneumonia

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

Contributory (SECONDARY) _____
 _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. M. McLean, M. D.
March 29, 1920 Gard Bar Tenn R # 3
(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 Hot Cemetery DATE OF BURIAL March 27, 1920

20 UNDERTAKER Jas W. Chaffin ADDRESS Gard Bar Tenn R # 3