

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		216
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>11</u>		CERTIFICATE OF DEATH		
OR Village _____		Registration District No. <u>444 11</u>	File No. _____	
OR City _____		Primary Registration District No. <u>11</u>	Registered No. <u>4</u>	
		(No. _____ St.; _____ Ward)	[If death occurred in a hospital or institution give its NAME instead of street and number.]	
2 FULL NAME <u>Carl Wheeler</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)	16 DATE OF DEATH <u>5</u> <u>30</u> <u>1920</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>5</u> <u>7</u> <u>1869</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Aug</u> 1919 to <u>May 29</u> , 1920 that I last saw him alive on <u>May 29</u> , 1920 and that death occurred, on the date stated above, at <u>10</u> M. The CAUSE OF DEATH* was as follows: <u>Carcinoma of Cervix</u>	
7 AGE <u>51</u> yrs. <u>0</u> mos. <u>23</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?			[Duration] <u>2</u> yrs. ____ mos. ____ ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Famer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory [SECONDARY] _____ [Duration] ____ yrs. ____ mos. ____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Signed <u>L. S. Anderson</u> M. D. <u>6/1</u> , 1920 Address <u>Gainesboro P.H. 3</u>	
PARENTS	10 NAME OF FATHER <u>Fate Wheeler</u>		* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tenn.</u>		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 _____	
	12 MAIDEN NAME OF MOTHER <u>Mavis Davidson</u>		19 PLACE OF BURIAL OR REMOVAL <u>Brown Cem.</u>	
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn.</u>		DATE OF BURIAL <u>6/2</u> 1920		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>E. P. Wheeler</u> [Address] <u>Gainesboro P.H. 3.</u>			20 UNDERTAKER <u>Oliver Wheeler</u>	
15 Filed <u>9/6</u> 1920 <u>L. S. Anderson</u> REGISTRAR			ADDRESS <u>Gainesboro</u>	