STATE OF TENNESSEE

220

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

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. 8

or

Village

or

City (No. , St.; Ward)

Registration District No. 44448 File No. 4

Primary Registration District No. Registered No. 4

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

2 FULL NAME Russel Hoover Maxwell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
male	white	married

6 DATE OF BIRTH: Aug (Month) 4 (Day), 1857 (Year)

7 AGE: 68 yrs. 10 mos. 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):

9 BIRTHPLACE (State or country): Putnam Co

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country): Putnam Co

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country): Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs R. H. Maxwell
(Address) Gainesboro

15 Filed July 20, 1920 A. M. Ballard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 1 (Day), 1920 (Year)

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:

Paralysis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C. C. Fowler, M. D.

191 (Address) Gainesboro

*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	DATE OF BURIAL
Overton Cemetery	June 3, 1920
20 UNDERTAKER	ADDRESS
Friends only	

Form V. S. No. 4—100M * FOSTER & PARKER CO., NASHVILLE