

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. No 2
 OR
 Village Hydenburg
 OR
 City (No.) St.: Ward)

STATE OF TENNESSEE 261

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44402 File No. 23
 Primary Registration District No. 2 Registered No. 23
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Wane Right McQuire

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 1944
 (Month) (Day) (Year)
 7 AGE 76 If LESS than 1 day, hrs. or min.?
 yrs. mos. ds.
 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) Tenn. Jackson Co.
 PARENTS
 10 NAME OF FATHER John McQuire
 11 BIRTHPLACE OF FATHER (State or country) Tenn.
 12 MAIDEN NAME OF MOTHER Bernelia Faveufart
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant]
 [Address]

15 Filed Sept 22 1920 Wong McQuire
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 20 1920
 [Month] [Day] [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:
Old age + general break down
so suffered by his wife
 [Duration] yrs. mos. ds.
 Contributory [SECONDARY] [Duration] yrs. mos. ds.
 Signed M. D.
 191 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 Farm Grave yard DATE OF BURIAL Sept 21 1920
 20 UNDERTAKER A. M. Farber ADDRESS Hydenburg Tenn