

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)

STATE OF TENNESSEE 270  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH  
 Registration District No. H4408 File No. 18  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

2 FULL NAME Joe W Whitaker

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 Dec 14 1862  
 (Month) (Day) (Year)

7 AGE 57 yrs. 9 mos. 28 ds. If LESS than 1 day, .... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Wash Whitaker

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Sarah Masters

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Jilda Whitaker  
 [Address] Gainesboro Tenn.

15 Filed Oct. 11 1920 J. M. Eason  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3 1920 to Oct. 10 1920, that I last saw him alive on Oct. 10 1920, and that death occurred, on the date stated above, at 11:20 M

The CAUSE OF DEATH\* was as follows:  
Pulmonary Consumption  
 [Duration] ..... yrs. .... mos. .... ds.

Contributory [SECONDARY] ..... [Duration] ..... yrs. .... mos. .... ds.  
 Signed R. C. Guss M. D.  
Nov. 8 1920 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 St. Lynn Cem. DATE OF BURIAL Oct. 12 1920

20 UNDERTAKER Kenny Hall ADDRESS Gainesboro