

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 658  
277  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 County Jackson  
 Civil Dist. 8  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 Registration District No. 44408 File No. 20  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** Oliver M. E. Stinson

**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**  
 \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

**7 AGE** 77 yrs. \_\_\_\_\_ 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) Tenn.

**10 NAME OF FATHER** Robert M. E. Stinson

**11 BIRTHPLACE OF FATHER**  
 (State or country) Va.

**12 MAIDEN NAME OF MOTHER** Melinda Stinson

**13 BIRTHPLACE OF MOTHER**  
 (State or country)

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 [Informant] Walter C. Berry

[Address] Saintsbury Tenn.

**15**  
 Filed Oct. 20 <sup>1920</sup> To M. E. Stinson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Oct 24 1920  
 [Month] [Day] [Year]

**17 I HEREBY CERTIFY, That** I attended deceased from Sept. 24 1920 to Oct 6 1920, that I last saw him live on Oct 6 1920 and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows: 74  
~~Heart failure~~  
cerebral hemorrhage  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed R. C. Grew M. D.  
Nov. 9 1920 Address Saintsbury Tenn.

\* 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** McStinson Cem. DATE OF BURIAL Oct 25 1920

**20 UNDERTAKER** Charlie Mercer ADDRESS Whitville