

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.

**STATE OF TENNESSEE**  
STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

**1 PLACE OF DEATH**  
County Jackson  
Civil Dist. No. 1  
or Village Gainesboro  
or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 441 File No. 3330  
Primary Registration District No. 4440 Registered No. \_\_\_\_\_

**2 FULL NAME** Joseph T. West

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** M **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
(Write the word)

**6 DATE OF BIRTH** Apr 6, 1839  
(Month) (Day) (Year)

**7 AGE** 82 If LESS than 1 day, .... hrs. or .... min.?

**8 OCCUPATION**  
(a) Trade, profession, or particular kind of work Farm 000  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

**9 BIRTHPLACE** (State or country) Tennessee

**PARENTS**

**10 NAME OF FATHER** \_\_\_\_\_

**11 BIRTHPLACE OF FATHER** (State or country) Tenn

**12 MAIDEN NAME OF MOTHER** \_\_\_\_\_

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

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

**15** Filed Apr 9, 1901 Mrs M. H. H. H. H.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** March 10, 1901  
(Month) (Day) (Year)

**17** I HEREBY CERTIFY, That I attended deceased from March 9, 1901, to March 10, 1901, that I last saw him alive on March 10, 1901, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:  
Gauche Pneumonia  
followed by influenza

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. 2

Contributory Influenza  
(SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Roseatha Gaud M. D.  
Apr 5, 1901 (Address) Gainesboro 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** Cherry Country **DATE OF BURIAL** Mar 12, 1901

**20 UNDERTAKER** Douglas & Sons **ADDRESS** Gainesboro Tenn