

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 statements of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 11
 or
 Village _____
 or
 City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44411
 Primary Registration District No. 11

File No. 331
 Registered No. 10

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

2 FULL NAME Andy Maberry

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 8 10 1864
(Month) (Day) (Year)

7 AGE 66 yrs. 7 mos. 5 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) own

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER William Maberry

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Elvira Brown

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Maberry
 (Address) Gambro P#4

15 Filed 5/16 1921 L. R. Kudera
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 15 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/5 1921, to 3/15 1921, that I last saw him alive on 3/15 1921, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:
Influenza
(Duration) --- yrs. --- mos. 5 ds.

Contributory Broncho Pneum.
(secondary) (Duration) --- yrs. --- mos. 5 ds.
 (Signed) L. R. Kudera, M. D.
3/16 1921 (Address) Gambro P#4

*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 Gambro Cem. DATE OF BURIAL 3/16 1921

20 UNDERTAKER Johnson Spulock ADDRESS Gambro