

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. 4 4  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44404  
 Primary Registration District No. \_\_\_\_\_

File No. 334

Registered No. 51

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

2 FULL NAME Osab J B Spears

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 Jan 10 1921  
(Month) (Day) (Year)

7 AGE 74 yrs. 2 mos. 11 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE Ky  
(State or country)

10 NAME OF FATHER Bennett Spears

11 BIRTHPLACE OF FATHER Ky  
[State or country]

12 MAIDEN NAME OF MOTHER Adeline Kindrick

13 BIRTHPLACE OF MOTHER Ky  
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Mrs Dora Carnahan  
(Signature)  
Moss Tenn  
(Address)

15 Filed 3-22-21 by Patt Clark  
REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 21 1921  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Mar 12 1921 to Mar 21 1921  
 that I last saw him live on Mar 19 1921

and that death occurred, on the date stated above, at 3 P M  
 The CAUSE OF DEATH\* was as follows:

arteria sclerosis with hemoplegia

[Duration] 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY)

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed Frank B Clark M. D.  
3-22-21 Address Haydenburg

\* 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 Tompkinsville DATE OF BURIAL 3-23-21

20 UNDERTAKER W.C. Good ADDRESS Willette