

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 co

Civil Dist. _____

Village _____

City _____

Registration District No. 44408

Primary Registration District No. _____

(No. _____ St.; _____ Ward)

File No. 7359

Registered No. 7

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

2 FULL NAME Leal Maberry

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH march 27 1821
(Month) (Day) (Year)

7 AGE _____ yrs. 2 mos. 10.5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson co

10 NAME OF FATHER Amos Maberry

11 BIRTHPLACE OF FATHER (State or country) Jackson

12 MAIDEN NAME OF MOTHER Mary Tankford

13 BIRTHPLACE OF MOTHER (State or country) Jackson co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Amos Maberry [Address] Cookeville Bn

15 Filed June 2 1921 A. M. Ballard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 2 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____, that I last saw h. alive on _____ 191____ and that death occurred, on the date stated above, at _____ M The CAUSE OF DEATH* was as follows: unknown

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.

Signed _____ M. D. _____, 191____ Address _____

* 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 Goddard branch DATE OF BURIAL June 3 1921

20 UNDERTAKER Torjends ADDRESS _____