

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 12
or Village Mayfield
or City _____Registration District No. 44412
Primary Registration District No. 12 St.; _____ Ward _____File No. 5367
Registered No. 5

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

2 FULL NAME James Rush

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH October 14, 1844
(Month) (Day) (Year)7 AGE 77 8 16 If LESS than
yrs. mos. ds. 1 day, --- hrs. or --- min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) DDD9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER William Rush11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Carline Gibson13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Will Rush
Gambard Tenn R #3
(Address)

15

Filed Aug 1, 1921 W. B. Billingsley
Gambard Tenn R #3 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 31, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1920, to July, 1921, that I last saw him alive on July, 1921, and that death occurred, on the date stated above, at 3⁰⁰ p. m.The CAUSE OF DEATH* was as follows:
Heart Drops old age
Heart Failure Immediate
cause 90
(Duration) 1 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) _____

(Signed) W. M. McCom _____, M. D.
Aug 1, 1921 (Address) Gambard 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 Pharris Cemetery DATE OF BURIAL Aug 1, 192120 UNDERTAKER James Smith Gambard Tenn ADDRESS R #3

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.