

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. X 4
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 44404 File No. 297
Primary Registration District No. _____ Registered No. 2

2 FULL NAME Alex Cassette

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

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 not known
(Month) (Day) (Year)

7 AGE 78 yrs. _____ mos. _____ 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)

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER James Cassette

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 31 22
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from one trip only 1911 to 1912, that I last saw him alive on Jan 28, 1912 and that death occurred, on the date stated above, at 9 A M
The CAUSE OF DEATH* was as follows: arteriosclerosis
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed W H Stone M. D.
Jan 31, 1912 Address Red Bank Spg

* 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 Huffman's Ground DATE OF BURIAL Feb 1 22

20 UNDERTAKER Jon Witt ADDRESS Willette

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] George Gaine
[Address] Haydenburg

15 Jan 31 22 Gatt Clark
REGISTRAR