

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. #.1
or Village Gainesboro
City (died in Poor House) (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 441
Primary Registration District No. 44451

File No. 14 ³⁴⁶
Registered No. _____

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

2 FULL NAME Shade M. Murray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)
6 DATE OF BIRTH July 4, 1936
(Month) (Day) (Year)
7 AGE 85 yrs. 8 mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work was farmer I think
(b) General nature of industry, business, or establishment in which employed (or employer) OOD

9 BIRTHPLACE (State or country) Jackson County Tenn

PARENTS
10 NAME OF FATHER Dow Murray
11 BIRTHPLACE OF FATHER (State or country) Don't know
12 MAIDEN NAME OF MOTHER Don't know
13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dillard Anderson
Gainesboro - Tenn
(Address) Poor house keeper

15 Filed May 29 1922 Mrs M H Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 9, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
for quite a while he was in P.H., 191,
that I last saw him alive on April 12, 1922,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Cancer of Prostate 49

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Henry D. Coffey, M. D.
5/15, 1922 (Address) Gainesboro

*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 County cemetery DATE OF BURIAL May 29 1922
20 UNDERTAKER Don't know ADDRESS _____