

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. 8  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44408

File No. 6

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

Registered No. 6

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

2 FULL NAME Nathan B. Mabery

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 11 1882  
 (Month) (Day) (Year)

7 AGE 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 yrs. mos. ds.

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

9 BIRTHPLACE Tenn  
 (State or country)

10 NAME OF FATHER Arnot Mabery

11 BIRTHPLACE OF FATHER Tenn  
 [State or country]

12 MAIDEN NAME OF MOTHER Mary Sanford

13 BIRTHPLACE OF MOTHER Tenn  
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Arnot Mabery  
 [Address] Cookville, Tenn

15 Filed Sept 22 A. M. Ballard  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 8 1922  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191\_\_\_\_ to 191\_\_\_\_, that I last saw him alive on 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:  
no medical aid in attendance. Cause unknown 2056  
 [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 Dodson Branch DATE OF BURIAL July 10 1922  
 20 UNDERTAKER Friends ADDRESS \_\_\_\_\_