

# 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 \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44412  
Primary Registration District No. 12

File No. 16392  
Registered No. 16

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

**2 FULL NAME** John H Haney

**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** Oct 21, 1849  
(Month) (Day) (Year)

**7 AGE** 73 yrs. 10 mos. 14 ds.  
If LESS than 1 day, ... hrs. or ... min.?

**8 OCCUPATION**  
(a) Trade, profession, or particular kind of work: Farming  
(b) General nature of industry, business, or establishment in which employed (or employer): \_\_\_\_\_

**9 BIRTHPLACE** (State or country) Jackson Co Tenn

**10 NAME OF FATHER** John Haney

**11 BIRTHPLACE OF FATHER** (State or country) Jackson Co Tenn

**12 MAIDEN NAME OF MOTHER** Mariah Sanders

**13 BIRTHPLACE OF MOTHER** (State or country) Jackson Co Tenn

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) John Stuart  
(Address) Gainesboro Tenn R#3

**18** Filed Oct 15, 1922 by Geo B Billingsley  
Gainesboro Tenn REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** October 4, 1922  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from** June 1922, to Oct 3, 1922  
that I last saw him alive on Oct 3, 1922  
and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH\* was as follows:  
Proply and Heart Failure at last

**Contributory** \_\_\_\_\_  
(SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) M. McLeain M. D.  
Gainesboro Tenn R#3  
1922 (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** Nancy Cemetery | **DATE OF BURIAL** Oct 5, 1922

**20 UNDERTAKER** Dan Haney Gainesboro 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.