

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. 5  
OR  
Village Branville  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

Registration District No. 44405  
Primary Registration District No. \_\_\_\_\_

File No. 394  
Registered No. 25

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

2 FULL NAME Richard Burton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>10 6 1864</u> (Month) (Day) (Year)		
7 AGE <u>58</u> yrs. _____ mos. _____ ds.	If LESS than 1 day, _____ hrs. or _____ min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Jackson Co</u>		
PARENTS	10 NAME OF FATHER <u>Leed Burton</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co</u>	
	12 MAIDEN NAME OF MOTHER <u>Widdie Hilleman</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_  
[Address] \_\_\_\_\_

15 Filed 12-3-22 H. F. Maddy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 7 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 30 1922 to Oct 7 1922, that I last saw him alive on Oct 7 1922 and that death occurred, on the date stated above, at 8 A M

The CAUSE OF DEATH\* was as follows:  
Uraemic Poison from protracted case of influenza malarial  
Long [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed L. M. Freemon M. D.  
12-3-22 Address Branville

\* 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 Branville DATE OF BURIAL Oct 8 1922

20 UNDERTAKER Williamson ADDRESS Branville