

MARGIN RESERVED FOR BINDING OF THIS IS A PERMANENT RECORD

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. Pierce
OR
Village Gainesboro
OR
City _____ 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. 44401

401
File No. 22
Registered No. _____

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

2 FULL NAME Philmore Spurbach

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH _____
(Month) (Day) (Year)

7 AGE 34 If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Welder
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE Ill
(State or country)

10 NAME OF FATHER J. J. Spurbach

11 BIRTHPLACE OF FATHER Ill
(State or country)

12 MAIDEN NAME OF MOTHER Edna Anderson

13 BIRTHPLACE OF MOTHER Ill
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____

15 Filed Nov 20 1922 W. M. H. Hetherington REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 25 22
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from about 4 1/2 weeks 1922
that I last saw h. alive on _____, 1922
and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Styphoid fever and head pain
[Duration] yrs. mos. ds.

Contributory [SECONDARY] _____
Signed Charles L. Premeau M. D.
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 Pharis Cemetery DATE OF BURIAL Oct 23 22
20 UNDERTAKER W. H. Hetherington ADDRESS _____