

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

406

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. 17

Registered No. 17

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

2 FULL NAME James Goldsby

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 7, 1945
(Month) (Day) (Year)

7 AGE 77 yrs. 7 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Farmer
(a) Trade, profession, or particular kind of work
(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 James Goldsby

11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn

12 MAIDEN NAME OF MOTHER Elisabeth Goldsby

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) K. Goldsby
Bloomington Springs Tenn
(Address)

15 Filed Nov 15, 1992 Jno B. Billingsley
REGISTRAR
James Goldsby

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 8, 1992
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1992, to Nov 7, 1992, that I last saw him alive on Nov 7, 1992 and that death occurred, on the date stated above, at 10 am.

The CAUSE OF DEATH* was as follows: 11a
Pneumonia

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

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

(Signed) R. H. Mellis, M. D.
Nov 15, 1992 (Address) Baxter Tenn

*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 Goldsby cemetery DATE OF BURIAL Nov 9, 1992

20 UNDERTAKER Benton Rodgers, Bloomington ADDRESS _____