

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

Civil Dist

OR

Village

OR

City

2 FULL NAME

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.

St.;

Ward)

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

male

white

married

6 DATE OF BIRTH

5 11 1859
(Month) (Day) (Year)

7 AGE

63 yrs. 5 mos. 27 ds.

If LESS than
1 day, ____ hrs.
or ____ min.?

8 OCCUPATION

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

Black Smith

9 BIRTHPLACE

(State or country)

Tenn.

10 NAME OF
FATHER

James Lawson

11 BIRTHPLACE
OF FATHER
(State or country)

Tenn.

12 MAIDEN NAME
OF MOTHER

Mildred Pippin

13 BIRTHPLACE
OF MOTHER
(State or country)

Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

Mrs. Mary Lawson

[Address]

Gainesboro

15

Filed

12/10/22

L. R. Anderson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

11 8 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Apr 10 1921 to Nov 8, 1922.

that I last saw him alive on Nov 8, 1922

and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:

Chronic Mitral Regurgitation

[Duration] 2 yrs. mos. ds.

Contributory
[SECONDARY]

Acute Dilatation

[Duration] yrs. mos. ds.

Signed L. R. Anderson M. D.

11/9 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

DATE OF BURIAL

Allen Cem

11/9 1922

20 UNDERTAKER

ADDRESS

Bill Allen

Gainesboro