

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. 1
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44408 File No. 427
 Primary Registration District No. _____ Registered No. 17

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

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) 851

7 AGE 72 yrs. 00 mos. 00 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION farmer 000
 (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) Tenn

PARENTS

10 NAME OF FATHER Calvin Marten

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Betty Sanders

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Dr Meekin
 [Address] Jamesboro

15 Filed Dec 30 1922 W. M. Ballard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 28 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 1922 to Dec 28 1922, that I last saw h. alive on Dec 28 1922 and that death occurred, on the date stated above, at 4 P M. The CAUSE OF DEATH* was as follows: 75k
perylitis
I just got there in time to see him die [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] 4 hours yrs. _____ mos. _____ ds.

Signed Dr Meekin M. D.
 _____ 191____ Address Jamesboro

* 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 Stafford Cemetery DATE OF BURIAL Dec 28 1922

20 UNDERTAKER Friends ADDRESS _____