

MARGIN RESERVED FOR BINDING 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. First
 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

File No. 428
23

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

2 FULL NAME Maurice Stafford

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 _____ (Month) _____ (Day) _____ (Year)

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

8 OCCUPATION House Wife
 (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

PARENTS

10 NAME OF FATHER Jim Jones

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Ms. Ruth

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Ms. John E. Brown
 [Address] Gainesboro Jackson

15 Filed Jan 10 1923 Ms. M. H. Dutton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 2 hours to 1922 about one hour 1912 191
 that I last saw him alive on the day he was born 191
 and that death occurred, on the date stated above, at _____ M
 The CAUSE OF DEATH* was as follows:

Failure and Heart
failure [Duration] yrs. _____ mos. _____ ds.

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

Signed Chas. E. Brown M. D.
 191 _____ 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 Pharmaceutical DATE OF BURIAL Jan 1 1923

20 UNDERTAKER none ADDRESS _____