

MARGIN RESERVED FOR BINDING 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. no. 2
 OR
 Village Haydenburg
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE 346

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44402 File No. 11
 Primary Registration District No. 2 Registered No. 11
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME L. A. Witeher

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 5 14 1856
 (Month) (Day) (Year)

7 AGE 66 8 24
 yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer 000
 (b) Character of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson Co Tenn

PARENTS
 10 NAME OF FATHER Dave. Witeher
 11 BIRTHPLACE OF FATHER [State or country] Tenn.
 12 MAIDEN NAME OF MOTHER Pheba. Ray
 13 BIRTHPLACE OF MOTHER [State or country] Tenn.

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

15 Filed Feb 10, 1923 Alougo McEowry
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 8 1923
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 8:00 P.M.
 The CAUSE OF DEATH* was as follows:

Paralysis & Heart failure
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed W. H. Stone M. D.
Feb 10 1923 Address Homerboro 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 Clark Home DATE OF BURIAL Feb 9 1923

20 UNDERTAKER Rufe Jenkins ADDRESS Haydenburg Tenn