

1 PLACE OF DEATH

County JacksonCivil Dist. 15or
Village _____or
City _____Registration District No. 44415

Primary Registration District No. _____

File No. 9

Registered No. _____

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

2 FULL NAME Leshie Peak

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

369

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

W5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

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

7 AGE

44 yrs. 2 mos. _____ ds.If LESS than
1 day, ---- hrs.
or ---- min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of workSummer000(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)Tenn10 NAME OF
FATHERJohn Peak11 BIRTHPLACE
OF FATHER
(State or country)Tenn12 MAIDEN NAME
OF MOTHERX13 BIRTHPLACE
OF MOTHER
(State or country)Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alva Peak(Address) Somersford

15

Filed March 19, 1923in 4 m. Town

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 17, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

March 1, 1923, to March 17, 1923that I last saw h_____ alive on March 14, 1923,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows:

Influenza116

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

Contributory

(SECONDARY)

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

(Signed) R. C. W. Jr. M. D.March 19, 1923 (Address) Somersford

*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

Peak Cemetery March 19, 1923

20 UNDERTAKER

ADDRESS

W. M.