

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson  
Civil Dist. No 1  
OR  
Village Gainesburg  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 4441  
Primary Registration District No. 44401

File No. 10  
Registered No. \_\_\_\_\_

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

2 FULL NAME Thomas Auguey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE N 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH 1864  
(Month) (Day) (Year)

7 AGE 54 yrs. mos. ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER R. R. Auguey

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Abby Gentry

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mr. Chas. Lockman  
[Address] Gainesburg Tenn

15 Filed Apr 9 1923 Mr. W. H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 29 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 8 1923 to Nov 29 1923, that I last saw him alive on Nov 29 1923 and that death occurred, on the date stated above, at 11 A M

The CAUSE OF DEATH\* was as follows:  
Physicians Anemia  
58a  
[Duration] 3 yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. mos. ds.

Signed N. C. Gay M. D.  
Apr 7 1923 Address Gainesburg 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 DeWitts Cemetery DATE OF BURIAL MSJ 30 1923

20 UNDERTAKER W. R. ... ADDRESS Gainesburg

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.