# STATE OF TENNESSEE

405

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

D 10

1 PLACE OF DEATH
County Jackson
Civil Dist. 11
OR
Village
OR
City (No. , St.; Ward)

Registration District No. 44411
Primary Registration District No. 11
File No.
Registered No. 18

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

2 FULL NAME Mathew D. Anderson

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.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: 10 (Month) 30 (Day) 1856 (Year)

7 AGE: 66 yrs. 8 mos. 13 ds.
If LESS than 1 day, ..... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER: John Anderson

11 BIRTHPLACE OF FATHER [State or country]: Tenn.

12 MAIDEN NAME OF MOTHER: Rebecca Smith

13 BIRTHPLACE OF MOTHER [State or country]: Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Herbert Anderson
[Address] Gainesboro R. 3,

15
Filed 8/10 1923 L. R. Anderson REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 7 [Month] 13 [Day], 1923 [Year]

17 I HEREBY CERTIFY, That I attended deceased from 7/11 1923 to 7/13, 1923, that I last saw ~~him~~ alive on 7/13, 1923 and that death occurred, on the date stated above, at 10 A M

The CAUSE OF DEATH* was as follows: 74a

Apoplexy

[Duration] ..... yrs. ..... mos. 2 ds.

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

Signed R. 6, Gaw M. D.
7/18, 1923 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: Ferguson Cem. DATE OF BURIAL: 7/14 1923

20 UNDERTAKER: Bill Shoemake ADDRESS: Gainesboro

Form V. S. No. 4—20M. Tennessee Industrial School Print.