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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

D 436

1 PLACE OF DEATH

County Jackson

Civil Dist. No. 1.

or Village

or City Gainesboro, (No. ______, ______ St.; ______ Ward)

Registration District No. 441

Primary Registration District No. 2 [illegible]

File No. 20

Registered No. ______

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

2 FULL NAME William Mark Gaitheart

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

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

6 DATE OF BIRTH Apr (Month) 14 (Day), 1851 (Year)

7 AGE 73 yrs. ______ mos. ______ ds. If LESS than 1 day, ______ hrs. or ______ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Bank Cashier
(b) General nature of industry, business, or establishment in which employed (or employer) 700

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Robert James Gaitheart

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Maria McClendon

13 BIRTHPLACE OF MOTHER (State or country) Jackson Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Annie Gaitheart

(Address) Gainesboro Tenn

15

Filed Nov 15, 1923 Mrs M. H. Gettis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 17 (Day), 1923 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feby 1st, 1923, to ______, 1923

that I last saw him alive on ______, 1923

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

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 74a

(Duration) ______ yrs. ______ mos. ______ ds.

Contributory (SECONDARY) ______

(Duration) ______ yrs. ______ mos. ______ ds.

(Signed) R. C. Gaw M.D.

Nov 9, 1923 (Address) Gainesboro 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 Gainesboro Cemetery

DATE OF BURIAL ______, 191__

20 UNDERTAKER [illegible]

ADDRESS Gainesboro Tenn

Form V.S. No. 4—100M. * Foster & Parkes Co., Nashville