

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. #9
or
Village _____
or
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

443

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441609
Primary Registration District No. _____

File No. 14
Registered No. 14

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

2 FULL NAME

Ben Ray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH January — 1846
(Month) (Day) (Year)

7 AGE 77 yrs. 9 mos. — ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Overton Co, Tenn

10 NAME OF FATHER William Ray

11 BIRTHPLACE OF FATHER (State or country) Overton Co, Tenn

12 MAIDEN NAME OF MOTHER Susan Sangford

13 BIRTHPLACE OF MOTHER (State or country) Overton Co, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. A. Green
[Address] Cookeville Tenn

15 Filed Nov 6 by A. M. Ballard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October, 31st, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191 to _____ 191, that I last saw him alive on _____ 191 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Old age heart failure
(Had no time to get to doctor)

[Duration] yrs. mos. ds.
Contributory [SECONDARY] 164
[Duration] yrs. mos. ds.
Signed _____ M. D.

* 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 Springcreek Cemetery DATE OF BURIAL Nov 30, 1923
20 UNDERTAKER Name ADDRESS X