

STATE OF TENNESSEE

354

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil District # 3

Village _____

City _____ (No. _____, St.; _____ Ward)

Registration District No. 14403

Primary Registration District No. _____

File No. _____

Registered No. _____

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

2 FULL NAME Sanders Howell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH May 6 1858
(Month) (Day) (Year)7 AGE 65 yrs. 8 mos. 26 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer 000
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Pleasant Howell11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Trithena Sisco13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mary Howell
[Address] Difficult Tenn.15 Filed Jan. 3 1924 M. H. Dycus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 2 1924
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Dec. 26 1923 to Jan. 1 1924, that I last saw him alive on Jan. 1 1924and that death occurred, on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:Lobar Pneumonia

[Duration] yrs. mos. ds.

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

Signed W. H. Stone M. D.Jan. 3 1924 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 2 on Dist Jackson County DATE OF BURIAL Jan. 3 192420 UNDERTAKER H. D. Farburn ADDRESS Difficult Tenn.

MARGIN RESERVED FOR BINDING - THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.