

STATE OF TENNESSEE

858

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 8
OR
Village
OR
City 1 (No. , St.; Ward)Registration District No. 44418File No. 1

Primary Registration District No. _____

Registered No. _____

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

2 FULL NAME Luther Murre

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED X
(Write the word)6 DATE OF BIRTH
..... 1.....
(Month) (Day) (Year)7 AGE 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work farming
(b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER James Murre11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Palma Johnson13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] med murre[Address] Wainwright15
Filed Jan. 1924 med 4 m. Cason
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 9, 1924
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from 192..... to 192.....
that I last saw h..... alive on 192.....
and that death occurred, on the date stated above, at M
The CAUSE OF DEATH* was as follows:drowned by accident
[Duration] yrs. 182 mos. ds.Contributory [SECONDARY]
[Duration] yrs. mos. ds.Signed M. D.
....., 192..... Address

* 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 [OR 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 residence19 PLACE OF BURIAL OR REMOVAL Hix cemetery DATE OF BURIAL Jan 11, 192420 UNDERTAKER mon ADDRESSMARGIN 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.