

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 11

Village _____

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

Registration District No. 44411Primary Registration District No. 11

File No. _____

Registered No. 1

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

2 FULL NAME Shelburn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH 1 31 1927
(Month) (Day) (Year)7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.8 OCCUPATION _____
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Tom Wheeler11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Maggie Lafit13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Tom Wheeler[Address] Gainesboro, Tenn.

15

Filed 2/10 1927 L. P. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 31 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 192 to _____ 192

that I last saw him alive on _____ 192

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:

S.D.
[Duration] yrs. mos. ds.Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.Signed L. P. Anderson M.D.
2/1 1927 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 New Salem Cem. DATE OF BURIAL 2/1 192720 UNDERTAKER Divor Wheeler ADDRESS GainesboroDO NOT TEAR OUT
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.