

STATE OF TENNESSEE

380

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 9OR
Village _____OR
City _____ (No. _____ St.; _____ Ward)Registration District No. 44409

Primary Registration District No. _____

File No. 4Registered No. 4

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

2 FULL NAME William J. Larkin Mabury

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 Jan. 12 1911
(Month) (Day) (Year)7 AGE 13 yrs. 1 mos. 4 ds. If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmers 000
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson county10 NAME OF FATHER Robert Rose Mabury11 BIRTHPLACE OF FATHER (State or country) Jackson county12 MAIDEN NAME OF MOTHER Bessie Fannie Brown13 BIRTHPLACE OF MOTHER (State or country) Overton county14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Robert Rose Mabury[Address] Cookeville R 515 Filed April 10 1924 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 16 1924
(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 _____ The CAUSE OF DEATH* was as follows: 2056No medical aid it was measles
[Duration] yrs. 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 [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 Overton Cemetery DATE OF BURIAL Feb 17 1924

20 UNDERTAKER _____ ADDRESS _____

DO 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.